

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006051

FILED
Jan 15, 2011
Secretary of State

Entity Name: CROSS CREEK II MASTER ASSOCIATION, INC.

Current Principal Place of Business:

16609 ROUND OAK DRIVE
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 342069
TAMPA, FL 336942069 US

New Mailing Address:

FEI Number: 59-3293256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRISCIA, FRANCIS E ESQ
5550 WEST EXECUTIVE DR
STE 250
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: EDWARDS, THOMAS
Address: 18201 HOLLYHILLS WAY
City-St-Zip: TAMPA, FL 33647

Title: S
Name: SCHALLER, CLAIRE
Address: 10448 BLACKMORE DR
City-St-Zip: TAMPA, FL 33647

Title: P
Name: BOWERS, ALBREN
Address: 18405 EASTWYCK DR
City-St-Zip: TAMPA, FL 33647

Title: D
Name: HAYNES, MICHAEL
Address: 10332 MEADOW CROSSING DR
City-St-Zip: TAMPA, FL 33647

Title: T
Name: STEPNIOWSKI, JENNIFER
Address: 18203 COLLRIDGE DR
City-St-Zip: TAMPA, FL 33647

Title: VP
Name: LEWIS, CRAIG
Address: 18142 SWEET JASMINE DR
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALBREN BOWERS

PRES

01/15/2011

Electronic Signature of Signing Officer or Director

Date