

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002187**

1. Entity Name

**CROSSROADS MOBILE HOME COMMUNITY HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**34705 DUSTIN CT  
ZEPHYRHILLS FL 33541  
US**

**34705 DUSTIN CT  
ZEPHYRHILLS FL 33541  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICICCO, LARRY  
34715 DUSTIN CT  
ZEPHYRHILLS FL 33541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
D  
DICICCO, LARRY  
STREET ADDRESS  
34715 DUSTIN CT  
CITY- ST- ZIP  
ZEPHYRHILLS FL 33541

TITLE ☐ Delete  
NAME  
D  
LESLIE, DIANE  
STREET ADDRESS  
34705 DUSTIN CT  
CITY- ST- ZIP  
ZEPHYRHILLS FL 33541

TITLE ☐ Delete  
NAME  
D  
EBBERT, LINDA M  
STREET ADDRESS  
34635 DUSTIN CT  
CITY- ST- ZIP  
ZEPHYRHILLS FL 33541

TITLE ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
U00000623986  
STREET ADDRESS  
02/14/07-80013-005 61.25  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Diane A Leslie Diane A Leslie

1/29/07

813-788-4425