2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002187

FILED Jan 06, 2009 Secretary of State

Entity Nai	me: CROSSRO	OADS MOBILE HOME COMN	MUNITY HOMEOWNER'S ASSO	CIATION, INC.	
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
34705 DUS ZEPHYRH	STIN CT HLLS, FL 33541	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
34705 DUS ZEPHYRH	STIN CT HILLS, FL 33541	US			
FEI Number:	:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DICICCO, 34715 DUS ZEPHYRH	LARRY STIN CT IILLS, FL 33541	US			
	e named entity su e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () [DICICCO, LARRY 34715 DUSTIN C ZEPHYRHILLS, F	T .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E LESLIE, DIANE 34705 DUSTIN C ZEPHYRHILLS, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () [EBBERT, LINDA		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

D SIGNATURE: DIANE A LESLIE 01/06/2009