

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90012 042 ****70.00



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1. Entity Name
KINGSHYRE AT CROSS CREEK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
**325 SOUTH BOULEVARD
 TAMPA, FL 33606**

Mailing Address
**16105 N FLORIDA STE. A
 LUTZ, FL 33549 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3440311

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIVEY, WILLIAM
 C/O WISE PROP. MGMT
 16105 N FLORIDA STE. A
 LUTZ, FL 33549**

Name **STEVEN MEZER**
 Street Address (P.O. Box Number is Not Acceptable)
220 S. FRANKLIN
 City **TAMPA** FL Zip Code **33602**

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

STEVEN H. MEZER 3/16/05

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-------------------|----------------------|-----------------|-------------------------------------|
| PD | COOP, GREGORY | 9910 KINGSHYRE WAY | TAMPA, FL 33647 | <input checked="" type="checkbox"/> |
| SD | VOLTMER, BARBARA | 9918 KINGSHYRE | TAMPA, FL 33647 | <input checked="" type="checkbox"/> |
| TD | GARDINER, MICHAEL | 18101 LATIMER LANE | TAMPA, FL 33647 | <input checked="" type="checkbox"/> |
| D | BROWN, KEN | 18101 PRINCESS POINT | TAMPA, FL 33647 | <input checked="" type="checkbox"/> |
| VD | ROSKO, JOHN | 10129 QUEENS PARK | TAMPA, FL 33647 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|----------------|---------------------|----------------|--------------------------|-------------------------------------|
| PD | TIMOTHY MITTEN | 16105 N. FLORIDA #A | LUTZ FL 33549 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VD | STANLEY HULETT | 16105 N. FLORIDA #A | LUTZ, FL 33549 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SD | DEBORAH HINDS | 16105 N. FLORIDA #A | LUTZ, FL 33549 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TD | MIKE MARSALA | 16105 N. FLORIDA #A | LUTZ, FL 33549 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | ALEX RIVERA | 16105 N. FLORIDA #A | LUTZ, FL 33549 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Moreno Marsala MORENO MARSALA TREASURER 3/30/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #