

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90034 037 ****61.25

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01222008 Chg-NP CR2E037 (12/06)

DOCUMENT # N96000003681					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3440311	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			1801 N. Highland Ave		
			City Tampa		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANTZ, STEVE		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULETT, STANLEY		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GLEN		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMBATH, TERRI		NAME		
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA, ALEX		NAME	JOHN P SCHEPPELE	
STREET ADDRESS	16105 N FLORIDA #A		STREET ADDRESS	16105 N FLORIDA AVE # A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MIC GARDINER	
STREET ADDRESS			STREET ADDRESS	16105 N. FLORIDA AVE #A	
CITY-ST-ZIP			CITY-ST-ZIP	LUTZ, FL 33549	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4-13-2008		(813) 929-7257	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	