

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003681

FILED
Mar 08, 2009
Secretary of State

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

Current Principal Place of Business:

325 SOUTH BOULEVARD
TAMPA, FL 33606

New Principal Place of Business:

16105 N. FLORIDA,
SUITE A
LUTZ, FL 33549

Current Mailing Address:

16105 N FLORIDA STE. A
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-3440311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE
TAMPA, FL 33602 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: TD () Delete
Name: SCHEPPELE, JOHN P
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: GARDNER, MIC
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: TRIMBATH, TERRI
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: RIVERA, ALEX
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SCHEPPELE, JOHN P
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: WYATT, JOHN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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.

SIGNATURE: TERRI TRIMBATH

Electronic Signature of Signing Officer or Director

PRES

03/08/2009

Date