## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003750

FILED Apr 26, 2006 Secretary of State

Entity Name: CROSS CREEK ESTATES AT ST. CLOUD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8009 S ORANGE AVE ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

8009 S ORANGE AVE ORLANDO, FL 32809

FEI Number: 59-3500616 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LELAND MANAGEMENT

1633 E. VINE STREET

SUITE 110

KISSIMMEE, FL 34744 US

LELAND MANAGEMENT

8009 S. ORANGE AVE

ORLANDO, FL 32809 US

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: LELAND MANAGEMENT, INC. 04/26/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:sdecomposition} \mbox{Fitle:} \qquad \mbox{SD} \qquad \mbox{( ) Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P} \qquad \mbox{(X) Change ( ) Addition}$ 

 Name:
 DECOY, DEBRA
 Name:
 DEROY, DEBRA

 Address:
 3806 KYLE DR
 Address:
 3806 KYLE DR

City-St-Zip: SAINT CLOUD, FL 34772 City-St-Zip: SAINT CLOUD, FL 34772

Title: PD ( ) Delete Title: VP (X) Change ( ) Addition Name: WINDSOR, KEN

Name: WINDSOR, KENNETH

Address: 3741 CROSSING CREEK BLVD
City-St-Zip: SAINT CLOUD, FL 34772
Address: 3741 CROSSING CREEK BLVD
City-St-Zip: SAINT CLOUD, FL 34772
SAINT CLOUD, FL 34772

Title: VPD ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 GILLIAM, RHONDA
 Name:
 RUSSE, CHRISTIAN

 Address:
 3311 KELSEY LANE
 Address:
 3354 KELSEY LANE

 City-St-Zip:
 SAINT CLOUD, FL 34772
 City-St-Zip:
 SAINT CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA DEROY P 04/26/2006