

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003750

FILED
Apr 16, 2008
Secretary of State

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

Current Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 32809

New Principal Place of Business:

5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

FEI Number: 59-3500616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
5955 T. G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 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: REBECCA FURLOW

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEROY, DEBRA
Address: 3806 KYLE DR
City-St-Zip: SAINT CLOUD, FL 34772

Title: VP () Delete
Name: WINDSOR, KENNETH
Address: 3741 CROSSING CREEK BLVD
City-St-Zip: SAINT CLOUD, FL 34772

Title: S () Delete
Name: CUEVAS, KATTANA
Address: 3354 KELSEY LANE
City-St-Zip: SAINT CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: REBECCA FURLOW

PRES

04/16/2008

Electronic Signature of Signing Officer or Director

Date