


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90236 018 ****61.25

DOCUMENT # N99000000137 1. Entity Name CROSS TIE RANCHES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4084 NE 17TH AVE. OCALA, FL 34479			Mailing Address 4084 NE 17TH AVE. OCALA, FL 34479		
2. Principal Place of Business - No P.O. Box # 5680 NE 31st Terrace		3. Mailing Address 5680 NE 31st Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala FL.		City & State Ocala FL.			
Zip 34479		Country		Zip 34479	
Country		Country			
8. Name and Address of Current Registered Agent MUNSIL, JAMES L. 4084 NE 17TH AVE. OCALA, FL 34479			7. Name and Address of New Registered Agent Name Munsil, James L. Street Address (P.O. Box Number is Not Acceptable) 5680 NE 31st Terrace City Ocala FL Zip Code 34479		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MUNSIL, JAMES L. 4084 NE 17TH AVE. OCALA, FL 34479 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Munsil, James L. 5680 NE 31st Terrace Ocala FL. 34479 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, ROBIN 3290 NE 56TH ST. OCALA, FL 34479 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWIFT, DAVID 4084 NE 17TH AVE. OCALA, FL 34479 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Swift, David 5765 NE 31st Terrace Ocala FL. 34479 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: James L. Munsil James L. Munsil April 14, 2007 352-817-3655 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					