

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 752444 (0)

1. Corporation Name
CROSS CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1500 N CONGRESS AVE. WEST PALM BEACH FL 33401	Mailing Address 1500 N CONGRESS AVE. WEST PALM BEACH FL 33401
--	--

3. Date Incorporated or Qualified
05/13/1980

4. FEI Number 59-2041142	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

2. Principal Place of Business 21	2a. Mailing Address 26
---	----------------------------------

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
----------------------------------	----------------------------------

8. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
---------------------------	---------------------------

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
------------------	----------------------	------------------	----------------------

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAAC B. STEM
1500 N. CONGRESS AVE
WEST PALM BEACH FL 33401

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLY, YVONNE		1.2 NAME DOMINICK VALENTINE	
STREET ADDRESS 1500 N CONGRESS AVE		1.3 STREET ADDRESS 1500 N. CONGRESS AVE	
CITY-ST-ZIP W PALM BEACH FL		1.4 CITY-ST-ZIP W. PALM BEACH, FL.	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNEY, KEITH		2.2 NAME ANGENORA RAMSAY	
STREET ADDRESS 1032 JULIANA ST		2.3 STREET ADDRESS 1700 N. CONGRESS AVE.	
CITY-ST-ZIP PARKERSBURG VA		2.4 CITY-ST-ZIP W. PALM BEACH, FL.	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESTERBY, PATRICIA		3.2 NAME JOANNE KING	
STREET ADDRESS 1500 N CONGRESS AVE		3.3 STREET ADDRESS 1500 N. CONGRESS AVE.	
CITY-ST-ZIP W PALM BEACH FL		3.4 CITY-ST-ZIP W. PALM BEACH, FL.	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREEDMAN, RICHARD		4.2 NAME ALFRED TRAVINI	
STREET ADDRESS P O BOX 3223		4.3 STREET ADDRESS 2386 GABRIEL LA.	
CITY-ST-ZIP PALM BCH FL		4.4 CITY-ST-ZIP W. PALM BEACH, FL.	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOYLES, ROBERT		5.2 NAME RAFAEL FIGUEROA	
STREET ADDRESS 1500 N. CONGRESS AVE.		5.3 STREET ADDRESS 1500 N. CONGRESS AVE.	
CITY-ST-ZIP W PALM BEACH FL		5.4 CITY-ST-ZIP W. PALM BEACH, FL.	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joanne King* **4/16/98 501-686-4122**