FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am DOCUMENT # 752444 Secretary of State 1. Entity Name 03-20-2001 90055 044 ****61.25 CROSS CREEK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1500 N CONGRESS AVE. 1500 N CONGRESS AVE. WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 817906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2041142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required .6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DICKER, EDWARD **500 AUSTRALIAN AVENUE SOUTH** SUITE 600 WEST PALM BEACH FL Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete PD PIKE, LOIS NOONAN, MICHELLE 224 N BAYCOLONY DR NAME NAME STREET ADDRESS STREET ADDRESS 1500 N CONGRESS AVE., APT. B-21 CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP JUNO BEACH FL VP ☐ Addition TITLE ☐ Delete TITLE LOIS PIKE NOONAN, MICHELLE NAME 1500 NEWERESS AUE BAI STREET ADDRESS STREET ADDRESS 244 N. BAY COLONY DR. CITY-ST-ZIP W. PALM BCH FL CITY-ST-ZIP JUNO BEACH FL -----☐ Change ☐ Addition TITLE Delete TITLE DELLAVECCHIA, MICHAEL NAME SAME STREET ADDRESS 1707 TERRACE DR. EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE Change ☐ Addition ☐ Delete MANGAN, GLENN SAME STREET ADDRESS 120 OCEAN DUNES CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL TITLE ☐ Change ☐ Addition TITLE Delete HOLMQUIST, MARIAN NAME NAME STREET ADDRESS 1500 N. CONGRESS AVE. APT. B-52 STREET ADDRESS SAME CITY-ST-ZIP CITY-SY-7IP WEST PALM BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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.