

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-21-2001 90049 009 ****61.25

DOCUMENT # N17755

1. Entity Name

CROSS CREEK PATIO HOMES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O D.C.I.
2901 SIMMS STREET
HOLLYWOOD FL 33020

C/O D.C.I.
2901 SIMMS STREET
HOLLYWOOD FL 33020

34773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2035 Harding St. Suite, Apt. #, etc. 200		3. Mailing Address 2035 Harding St. Suite, Apt. #, etc. 200	
City & State Hollywood, Florida		City & State Hollywood, Florida	
Zip 33020	Country USA	Zip 33020	Country USA

4. FEI Number 59-2784965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEYROWITZ, ANDREW
D.C.I.
2901 SIMMS STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: Andrew Meyrowitz, D.C.I.
Street Address (P.O. Box Number is NOT acceptable): 2035 Harding St.
Suite 200 J
City: Hollywood FL FL Zip Code: 33020

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGOLIA, RICHARD 9381 N.W. 18TH COURT PLANTATION FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GELFUND, VICKI 9381 NW 18TH CT PLANTATION FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARGOLIES, ALAN 1881 NW 93RD PLANTATION FL 33322 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUIZ, JOSE 1832 NW 93RD TERRACE PLANTATION FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VICKI GELFUND 9381 NW 18th CT PLANTATION FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Peter Spagnuolo 9384 NW 18th Place Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carole H. Rubin 9380 NW 18th Place Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BURT LAUN 9364 NW 18th MANOR Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Ellen Goldman 9385 NW 18th Pl Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vicki Gelfund* VICKI GELFUND 3/02/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)