

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/3/2

FILED
Jun 04, 2004 8:00 am
Secretary of State

05-03-2004 90689 049 ****61.25

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DOCUMENT # N17755					
1. Entity Name CROSS CREEK PATIO HOMES OWNERS ASSOCIATION, INC.					
Principal Place of Business 2035 HARDING STREET 200 HOLLYWOOD, FL 33020		Mailing Address 2035 HARDING STREET 200 HOLLYWOOD, FL 33020			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2784965	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number Is Not Acceptable)			Street Address (P.O. Box Number Is Not Acceptable)		
City			City		
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. I am familiar with, and accept the obligations of reg. Stared agent.					
SIGNATURE <i>Steve Gelfund</i> (Pres)		DATE 4-22-04		NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		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	ST MAHR, BEN <input checked="" type="checkbox"/> Delete	TITLE NAME	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	9365 NW 18 DRIVE	STREET ADDRESS	Alan Brass		
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	9354 N.W. 18th Place Plantation, Florida 33322		
TITLE NAME	P GELFUND, VICKI <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9381 NW 18TH CT	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE NAME	D DELAPAZ, DICK <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1361 NW 93 WAY	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE NAME	D REINA, CORELLI, RE <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9350 NW 18 PLACE	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE NAME	VP DERLINGER, ERIC <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	9385 NW 18TH DR	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP			
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <i>Steve Gelfund</i>		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR					