

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17755

FILED
Apr 22, 2009
Secretary of State

Entity Name: CROSS CREEK PATIO HOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10112 USA TODAY WAY
MIRAMAR, FL 33025 US

New Principal Place of Business:

C/O TRANSCONTINENTAL MGMT.
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

Current Mailing Address:

10112 USA TODAY WAY
MIRAMAR, FL 33025 US

New Mailing Address:

C/O TRANSCONTINENTAL MGMT.
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

FEI Number: 59-2784965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNDON, BARBARA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

CHERYL J. LEVIN, P.A.
4694 NW103RD AVENUE
SUNRISE, FL 33351 US

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: CHERYL LEVIN

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRASS, ALAN
Address: 9354 NW 18TH PLACE
City-St-Zip: PLANTATION, FL 33322

Title: VP () Delete
Name: GELFUND, VICKI
Address: 9381 NW 18TH PLACE
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: DELAPAZ, RICHARD
Address: 1861 NW 93RD WAY
City-St-Zip: PLANTATION, FL 33322

Title: T () Delete
Name: FLINT, NANCY
Address: 1857 NW 93RD WAY
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: LAVIN, BURT
Address: 9364 NW 18TH MANOR
City-St-Zip: PLANTATION, FL 33322

Title: S () Delete
Name: JACKSON, BILLY
Address: 1840 NW 93RD TERR
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN BRASS

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date