

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:09

DOCUMENT # **N25721** (4)

1. Corporation Name

CROSS CREEK II PATIO HOME OWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/04/1988

3a. Date of Last Report
02/07/1994

4. FEI Number
65-0055067

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEVELOPMENT CONSULTANTS INC.
2901 SIMMS STREET
ATTN: ANDREW MEYROWITZ
HOLLYWOOD FL 33020**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or principal officer and Florida resident

Signature of registered agent or principal officer

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT
NAME	JAFFEE, DONALD
STREET ADDRESS	9820 N W 18TH DR.
CITY, ST, ZIP	PLANTATION FL
TITLE	D
NAME	ROSELL, JEAN
STREET ADDRESS	9821 NW 18TH CT
CITY, ST, ZIP	PLANTATION FL
TITLE	SD
NAME	STROMBERG, MARY JANE
STREET ADDRESS	1875 NW 99TH AVENUE
CITY, ST, ZIP	PLANTATION FL
TITLE	D
NAME	CHEN, BEN
STREET ADDRESS	1854 NW 97TH AVE
CITY, ST, ZIP	PLANTATION FL
TITLE	PD
NAME	WENER, IRWIN
STREET ADDRESS	1863 NW 99TH AVENUE
CITY, ST, ZIP	PLANTATION FL
TITLE	D
NAME	SCHROLD, JAY
STREET ADDRESS	9801 N.W. 18th Court
CITY, ST, ZIP	Plantation, FL. 33322

11 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WILFRED WHITTINGHAM	
13 STREET ADDRESS	1856 N.W. 97th Avenue	
14 CITY, ST, ZIP	Plantation, Florida 33322	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MURRY BENRUBI	
23 STREET ADDRESS	9760 N.W. 18th Drive	
24 CITY, ST, ZIP	Plantation, FL/ 33322	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	RIBNER, SANDY	
33 STREET ADDRESS	1855 N.W. 99th Avenue	
34 CITY, ST, ZIP	Plantation, Florida 33322	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(a), 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 record 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

2/1/95