


FILE NOW: FILING FEE IS \$61.25

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**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25721 (4)

1. Corporation Name
CROSS CREEK II PATIO HOME OWNERS ASSOCIATION, IN C.



Principal Place of Business C/O D.C.I. INC. 2901 SIMMS STREET HOLLYWOOD FL 33020	Mailing Address C/O D.C.I. INC. 2901 SIMMS STREET HOLLYWOOD FL 33020
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3. Date Incorporated or Qualified 04/04/1988	Applied For Not Applicable
4. FEI Number 65-0055067	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT WHITTINGHAM, WILFRED 1856 NW 97TH AVENUE PLANTATION FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD STROMBERG, MARY JANE 1875 NW 99TH AVENUE PLANTATION FL	2.1 TITLE	SD HURTES, REVA
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	1877 N.W. 99TH AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANTATION, FL.
TITLE	D CHEN, BEN 1854 NW 97TH AVE PLANTATION FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD WENER, IRWIN 1863 NW 99TH AVENUE PLANTATION FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SCHROLD, JAY 9801 N.W. 18TH COURT PLANTATION FL	5.1 TITLE	VPD SCHROLD, JAY
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	9801 N.W. 18TH CT.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLANTATION, FL.
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver 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: _____ DATE: **1/28/98** (954) 979 6608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0021303

CR2E037 (10/97)