

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90045 030 ****61.25

DOCUMENT # N25721

1. Entity Name

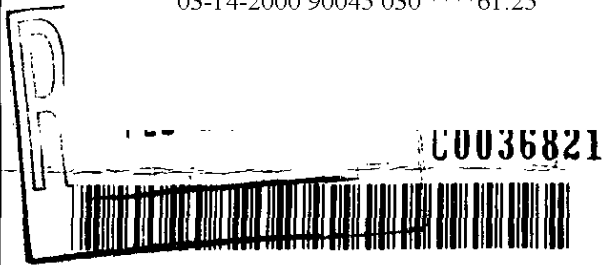
CROSS CREEK II PATIO HOME OWNERS ASSOCIATION, IN

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 33020-1510



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0055067

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, LORETTA	
STREET ADDRESS	1862 NW 97 AVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HURTES, REVA	
STREET ADDRESS	1877 N.W. 99TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHEN, BEN	
STREET ADDRESS	1854 NW 97TH AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WENER, IRWIN	
STREET ADDRESS	1863 NW 99TH AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROLD, JAY	
STREET ADDRESS	9801 N.W. 18TH COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAPP, MARTI	
STREET ADDRESS	9840 NW 18 DR	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE SPADAFINO	
STREET ADDRESS	9781 N.W. 18 DRIVE	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN WERNICKE	
STREET ADDRESS	9821 N.W. 18 Ct.	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK SASSON	
STREET ADDRESS	9700 N.W. 18 Drive	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENER, IRWIN	
STREET ADDRESS	1863 N.W. 99 Avenue	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD BAUMAN	
STREET ADDRESS	9820 N.W. 18 Place	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIL TIZZANI	
STREET ADDRESS	9741 N.W. 18 Dr.	
CITY-ST-ZIP	Plantation, FL 33322	

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: *[Signature]*

[Signature]

2/27/00

951
 972-3514

DATE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR *[Signature]* Date Daytime Phone #

CR2E037 (9/99)