

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90459 004 ****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

C/O DCI, INC

C/O DCI INC

2. Principal Place of Business

3. Mailing Address

2035 HARDING ST

2035 HARDING ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

HOLLYWOOD FL

HOLLYWOOD FL

4. FEI Number

65-0055067

Applied For

Not Applicable

Zip

Country

Zip

Country

33020

33020

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

(MOVED)

Name *DEVELOPMENT CONSULTANTS INC*

Street Address (P.O. Box Number is Not Acceptable)
2035 HARDING ST # 200

ATTN: ANDREW MEYROWITZ

City *HOLLYWOOD* FL Zip Code *33020*

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 _____ (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	<i>DP</i>	<input type="checkbox"/> Delete
NAME	<i>SPADAFINO, MIKE</i>	
STREET ADDRESS	<i>9781 N.W. 18 DRIVE</i>	
CITY-ST-ZIP	<i>PLANTATION FL 33322</i>	
TITLE	<i>VP</i>	<input type="checkbox"/> Delete
NAME	<i>WERNICKE, JOAN</i>	
STREET ADDRESS	<i>9821 N.W. 18 CT.</i>	
CITY-ST-ZIP	<i>PLANTATION FL 33322</i>	
TITLE	<i>S</i>	<input type="checkbox"/> Delete
NAME	<i>SASSON, JACK</i>	
STREET ADDRESS	<i>9700 N.W. 18 DRIVE</i>	
CITY-ST-ZIP	<i>PLANTATION FL</i>	
TITLE	<i>VP</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>WENER, IRWIN</i>	
STREET ADDRESS	<i>1863 NW 99TH AVENUE</i>	
CITY-ST-ZIP	<i>PLANTATION FL</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>SCHROLD, JAY</i>	
STREET ADDRESS	<i>9801 N.W. 18TH COURT</i>	
CITY-ST-ZIP	<i>PLANTATION FL</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>TIZZANI, PHIL</i>	
STREET ADDRESS	<i>9741 N.W. 18 DR.</i>	
CITY-ST-ZIP	<i>PLANTATION FL 33322</i>	

TITLE	<i>TREAS</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>ARNOLD BAUMAN</i>	
STREET ADDRESS	<i>9820 NW 18th PLACE</i>	
CITY-ST-ZIP	<i>PLANTATION, FL 33322</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>P</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>IRWIN WENER</i>	
STREET ADDRESS	<i>1863 NW 99th Ave</i>	
CITY-ST-ZIP	<i>PLANTATION, FL 33322</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Arnold M. Bauman* **REQUIRE** *ARNOLD M. BAUMAN 2/20/01 305-932-4336*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)