

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90061 038 \*\*\*\*61.25

**DOCUMENT # N25721**

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

Principal Place of Business      Mailing Address

C/O D.C.I. INC.      C/O D.C.I. INC.  
 2035 HARDING ST #200      2035 HARDING ST #200  
 HOLLYWOOD FL 33020      HOLLYWOOD FL 33020

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0055067**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEVELOPMENT CONSULTANTS INC.**  
**ATTN ANDREW MEYROWITZ**  
**2035 HARDING ST # 200**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPADAFINO, MIKE</b> <b>9781 N.W. 18 DRIVE</b> <b>PLANTATION FL 33322</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VERMICKET JOAN</b> <b>9821 N.W. 18 CT</b> <b>PLANTATION FL 33322</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SASSON, JACK</b> <b>9700 N.W. 18 DRIVE</b> <b>PLANTATION FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WENER, IRWIN</b> <b>1863 NW 99TH AVENUE</b> <b>PLANTATION FL 33322</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHROLD, JAY</b> <b>9801 N.W. 18TH COURT</b> <b>PLANTATION FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BALLMAN, ARNOLD</b> <b>9820 NW 18TH PLACE</b> <b>PLANTATION FL 33322</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>T</b> <b>BAUMAN, ARNOLD</b> <b>9820 NW 18TH PLACE</b> <b>Plantation FL 33322</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED *[Signature]* **1-8-02**

CR2E037 (9/01)