

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90275 013 \*\*\*\*61.25

**DOCUMENT # N25721**

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



Principal Place of Business  
**C/O D.C.I. INC.  
 2035 HARDING ST #200  
 HOLLYWOOD, FL 33020**

Mailing Address  
**C/O D.C.I. INC.  
 2035 HARDING ST #200  
 HOLLYWOOD, FL 33020**



2. Principal Place of Business

3. Mailing Address

01142005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME VP  
 SCHROLO, JAY  
 STREET ADDRESS 9801 NW 18TH COURT  
 CITY-ST-ZIP PLANTATION, FL 33322

TITLE  Change  Addition  
 NAME P  
 Jack Sasson  
 STREET ADDRESS 9700 NW 18 Dr.  
 CITY-ST-ZIP Plantation, FL 33322

TITLE  Delete  
 NAME S  
 SASSON, JACK  
 STREET ADDRESS 9700 N.W. 18 DRIVE  
 CITY-ST-ZIP PLANTATION, FL

TITLE  Change  Addition  
 NAME S  
 Ray Lasky  
 STREET ADDRESS 1840 NW 97 Ave.  
 CITY-ST-ZIP Plantation, FL 33322

TITLE  Delete  
 NAME P  
 WENER, IRWIN  
 STREET ADDRESS 1863 NW 99TH AVENUE  
 CITY-ST-ZIP PLANTATION, FL 33322

TITLE  Change  Addition  
 NAME VP  
 Scott Logvin  
 STREET ADDRESS 1845 NW 99 Ave.  
 CITY-ST-ZIP Plantation, FL 33322

TITLE  Delete  
 NAME D  
 LASKY, RAY  
 STREET ADDRESS 1840 NW 9TH AVE.  
 CITY-ST-ZIP PLANTATION, FL 33322

TITLE  Change  Addition  
 NAME D  
 Kevin Steicklin  
 STREET ADDRESS 1861 NW 99 Ave.  
 CITY-ST-ZIP Plantation, FL 33322

TITLE  Delete  
 NAME T  
 SULAK, JANET  
 STREET ADDRESS 9760 NW 18TH DR  
 CITY-ST-ZIP PLANTATION, FL 33322

TITLE  Change  Addition  
 NAME D  
 Mike Spadafino  
 STREET ADDRESS 9781 NW 18 Dr.  
 CITY-ST-ZIP Plantation, FL 33322

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME D  
 Phil Tizzani  
 STREET ADDRESS 9741 NW 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: \_\_\_\_\_ Date **4-18-2005** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JACK SASSON, President**