


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90093 015 ****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 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0055067 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 02132006 Chg-NP CR2E037 (11/05) | |
| 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 | | |
| 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. 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, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SASSON, JACK | | NAME | SASSON, JACK | |
| STREET ADDRESS | 9700 NW 18 DR | | STREET ADDRESS | 9700 NW 18 DR | |
| CITY-ST-ZIP | PLANTATION, FL 33322 | | CITY-ST-ZIP | PLANTATION, FL 33322 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LASKY, RAY | | NAME | LOGVIN, SCOTT | |
| STREET ADDRESS | 1840 NW 97 AVE | | STREET ADDRESS | 1845 NW 99 AVE | |
| CITY-ST-ZIP | PLANTATION, FL 33322 | | CITY-ST-ZIP | PLANTATION, FL 33322 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | LOGVIN, SCOTT | | NAME | HOGLIEVINA, RICHARD | |
| STREET ADDRESS | 1845 NW 99 AVE | | STREET ADDRESS | 9820 NW 18 DR. | |
| CITY-ST-ZIP | PLANTATION, FL 33322 | | CITY-ST-ZIP | PLANTATION, FL 33322 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STEICKLIN, KEVIN | | NAME | FRANGIPANE, JANET | |
| STREET ADDRESS | 1861 NW 99 AVE | | STREET ADDRESS | 9760 NW 18TH DR | |
| CITY-ST-ZIP | PLANTATION, FL 33322 | | CITY-ST-ZIP | PLANTATION, FL 33322 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SULAK, JANET | | NAME | | |
| STREET ADDRESS | 9760 NW 18TH DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLANTATION, FL 33322 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SPADAFINO, MIKE | | NAME | | |
| STREET ADDRESS | 9781 NW 18 DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PLANTATION, FL 33322 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ | | SCOTT LOGVIN | | 3/7/06 305-793-3562 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |