


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90014 027 ****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 - No P.O. Box # C/O Assoc. Svcs OF FL Suite, Apt. #, etc. 10112 USA Today Way City & State MIRAMAR, FL Zip 33025		3. Mailing Address C/O Assoc. Svcs OF FL Suite, Apt. #, etc. 10112 USA Today Way City & State MIRAMAR, FL Zip 33025		4. FEI Number 65-0055067 Applied For <input type="checkbox"/> Not Applicable	
Country BROWARD		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 01092008 Chg-NP CR2E037 (12/06)	
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 <u>BARBARA HERNDON</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O Assoc. Svcs. OF FL</u> <u>10112 USA Today Way</u> City <u>MIRAMAR</u> FL Zip Code <u>33025</u>		
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 <u>Barbara Herndon</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	V	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SASSON, JACK			NAME	
STREET ADDRESS	9700 NW 18 DR			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33322			CITY-ST-ZIP	
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LOGVIN, SCOTT			NAME	
STREET ADDRESS	1845 NW 99 AVE			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33322			CITY-ST-ZIP	
TITLE	S	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HOGLIEVINA, RICHARD			NAME	
STREET ADDRESS	9820 NW 18 DR			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33322			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STEICKLIN, KEVIN			NAME	
STREET ADDRESS	1861 NW 99 AVE			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33322			CITY-ST-ZIP	
TITLE	T	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FRANGIPANE, JANET			NAME	
STREET ADDRESS	9760 NW 18TH DR			STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33322			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: _____				2-29-08 305-793-3562 Date Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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