


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90038 042 ****61.25

DOCUMENT # N25721

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



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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

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

SIGNATURE *[Signature]* DATE **2/26/03**

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

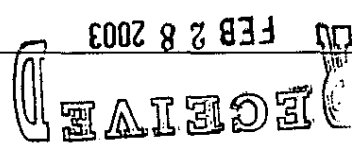
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SPADAFINO, MIKE	
STREET ADDRESS	9781 N.W. 18 DRIVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	S	<input type="checkbox"/> Delete
NAME	SASSON, JACK	
STREET ADDRESS	9700 N.W. 18 DRIVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WENER, IRWIN	
STREET ADDRESS	1863 NW 99TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROLD, JAY	
STREET ADDRESS	9801 N.W. 18TH COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAUMAN, ARNOLD	
STREET ADDRESS	9820 NW 18TH PLACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	I	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET SULAK	
STREET ADDRESS	9760 N.W. 18th Drive	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil FIZZANO	
STREET ADDRESS	9741 NW 18th Dr	
CITY-ST-ZIP	Plantation, FL 33322	
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		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold Bauman	
STREET ADDRESS	9820 NW 18th Place	
CITY-ST-ZIP	Plantation, FLORIDA 33322	
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: *[Signature]* DATE: **2-13-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)