

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/2

**DOCUMENT # N94000003094**

1. Entity Name

**CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, IN**

Principal Place of Business

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US

Mailing Address

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779  
US

2. Principal Place of Business

534 GOLDENMOSS LOOP

3. Mailing Address

2562 S. MAGUIRE RD.

Suite, Apt. #, etc.

PHD # 318

City & State

OCOEE, FL

City & State

OCOEE, FL

Zip

34761

County

USF1

Zip

34761

County

USF1

4. FEI Number

58-2069501

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

NAME: SPENCER SOLOMON

Street Address (P.O. Box Number is Not Acceptable)

534 GOLDENMOSS LOOP

City

OCOEE

FL

Zip Code  
34761

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

*Spencer R. Solomon*

3-23-00

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALEY, RICHARD D 255 S. ORANGE AVE, SUITE 1350 ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, MARK K 255 S. ORANGE AVE SUITE 1350 ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLMEAD, SHARON 255 S ORANGE AVE SUITE 1350 ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LISA ADORATS 2443 QUIET WATERS LOOP OCOEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BRAY COMSTOCK 534 GOLDENMOSS LOOP OCOEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER SPENCER SOLOMON 534 GOLDENMOSS LOOP OCOEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(f), 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; that I am 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 the address (with all other like information).

SIGNATURE:

*Spencer R. Solomon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time/Phone #

03/29/2000 09005009

3-26-00 407-420-5150

TS

CR2007 (9/99)

FILED  
00 MAY 15 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE