## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N94000003094

May 01, 2002 8:00 AM Secretary of State

Entity Name: CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

534 GOLDEN MOSS LOOP OCOEE, FL 34761 US

Current Mailing Address: New Mailing Address:

2582 S. MAGUIRE RD. PMB # 318 OCOEE, FL 34761 US

FEI Number: 58-2069501 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLOMON, SPENCER 534 GOLDEN MOSS LOOP OCOEE, FL 34761 US

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:

Clastrania Ciarachura of Danistana d'Anant

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LISTER, STEVEN

OCOEE, FL 34761

450 FERN MEADOW LOOP

(X) Change ( ) Addition

() Change () Addition

 Title:
 VPD
 ( ) Delete

 Name:
 LENTOWICZ, KIRK

 Address:
 2300 WICK DALE CT

City-St-Zip: OCOEE, FL 34761

Title: PD () Delete Title:
Name: COMSTOCK, GARY Name:

 Name:
 COMSTOCK, GARY

 Address:
 534 GOLDEN MOSS LOOP

 City-St-Zip:
 OCOEE, FL 34761 US

Title: ST ( ) Delete Title: STD (X) Change ( ) Addition

Name:MULLINS, CONNIEName:MULLINS, CONNIEAddress:2494 CLIFF DALE ST.Address:2494 CLIFF DALE ST.City-St-Zip:OCOEE, FL 34761City-St-Zip:OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY COMSTOCK PD 05/01/2002