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

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90115 046 ****61.25

DOCUMENT # N94000003094

1. Entity Name

CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
534 GOLDEN MOSS LOOP OCOEE FL 34761 US	2582 S. MAGUIRE RD. PMB # 318 OCOEE FL 34761 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
113 DESIREE AURORA ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN, FL	City & State
Zip: 34787 Country:	Zip Country

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	7. Name and Address of New Registered Agent
SOLOMON, SPENCER 534 GOLDEN MOSS LOOP OCOEE FL 34761	Name: SPENCER SOLOMON Street Address (P.O. Box Number is Not Acceptable): 113 DESIREE AURORA ST. City: WINTER GARDEN FL Zip Code: 34787

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: Spencer P. Solomon PROPERTY MANAGER 3/31/03

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 Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LISTER, STEVEN 450 FERN MEADOW LOOP OCOEE FL 34761	☐ Delete	PD STEVEN LISTER 450 FERN MEADOW LOOP OCOEE, FL 34761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COMSTOCK, GARY 534 GOLDEN MOSS LOOP OCOEE FL 34761	☑ Delete	VPD RICHARD BEARD 2416 CLIFFDALE ST. OCOEE, FL 34761	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MULLINS, CONNIE 2494 CLIFF DALE ST. OCOEE FL 34761	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Spencer P. Solomon SIGNATURE REQUIRED 3/29/03