2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # N94000003094

1. Entity Name

CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
534 GOLDENMOSS LOOP	2582 S. MAGUIRE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB # 318
City & State OCOEE, FL	City & State OCOEE, FL
Zip 34761 County USA	Zip 34761 County USA

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
HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DALEY, RICHARD C 255 S. ORANGE AVE, SUITE 1350 ORLANDO FL 32801	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DIRECTOR LISA ROBERTS 2443 QUIET WATERS LOOP OCOEE, FL 34761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EVANS, MARK K 255 S ORANGE AVE SUITE 1350 ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. DIRECTOR GARY COMSTOCK 534 GOLDENMOSS LOOP OCOEE, FL 34761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOLMEAD, SHARON 255 S ORANGE AVE SUITE 1350 ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / TREASURY DIRECTOR SPENCER SOLOMON 534 GOLDENMOSS LOOP OCOEE, FL 34761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	03/29/2000 #100050009	☐ Change ☐ Addition

CR2E037 (9/99)

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 R. Solomon SIGNATURE REQUIRED 3-26-00 407-420-5150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #