

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90283 024 ****70.00

DOCUMENT # N94000003094

1. Entity Name

CROSS CREEK OF OCOEE HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

**534 GOLDEN MOSS LOOP
 OCOEE FL 34761
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2069501

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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.

SIGNATURE

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 **PD** ☒ Delete
 NAME **ROBERTS, LISA**
 STREET ADDRESS **2443 QUIET WATERS WATERS LOOP**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **KIRK WENTOWICZ**
 STREET ADDRESS **2300 WICKDALE CT.**
 CITY-ST-ZIP **OCOEE, FL 34761**

TITLE **VPD** ☐ Delete
 NAME **COMSTOCK, GARY**
 STREET ADDRESS **534 GOLDEN MOSS LOOP**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **PD** ☒ Change ☐ Addition
 NAME **CONNIE MULLING**
 STREET ADDRESS **2444 CLIFFDALE ST.**
 CITY-ST-ZIP **OCOEE, FL 34761**

TITLE **ST** ☒ Delete
 NAME **SOLOMON, SPENCER**
 STREET ADDRESS **534 GOLDEN MOSS LOOP**
 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **ST** ☐ Change ☒ Addition
 NAME **CONNIE MULLING**
 STREET ADDRESS **2444 CLIFFDALE ST.**
 CITY-ST-ZIP **OCOEE, FL 34761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 recorder 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 amendments.

SIGNATURE:

SIGNATURE REQUIRED

5-1-01

407-656-1081

CR2E037 (10/00)