2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# N94000003094

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

Current Principal Place of Business:

534 GOLDEN MOSS LOOP
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: LENTOWICZ, KIRK
Address: 2300 WICK DALE CT
City-St-Zip: OCOEE, FL 34761

Title: PD ( ) Delete
Name: COMSTOCK, GARY
Address: 534 GOLDEN MOSS LOOP
City-St-Zip: OCOEE, FL 34761 US

Title: ST ( ) Delete
Name: MULLINS, CONNIE
Address: 2494 CLIFF DALE ST.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: LISTER, STEVEN
Address: 450 FERN MEADOW LOOP
City-St-Zip: OCOEE, FL 34761

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: MULLINS, CONNIE
Address: 2494 CLIFF DALE ST.
City-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

Electronic Signature of Signing Officer or Director — Date