

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17755

FILED
Jan 30, 2014
Secretary of State
CC0762862285

Entity Name: CROSS CREEK PATIO HOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O TRANSCONTINENTAL MGMT.
1323 LYONS ROAD
COCONUT CREEK, FL 33063

Current Mailing Address:

C/O TRANSCONTINENTAL MGMT.
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

FEI Number: 59-2784965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALANCY, STEVEN S
311 SE 13TH STREET
FORT LAUDERDALE, FL 33316 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRASS, ALAN
Address 9354 NW 18TH PLACE
City-State-Zip: PLANTATION FL 33322

Title PRESIDENT
Name GELFUND, VICKI
Address 9381 NW 18TH PLACE
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR
Name DELAPAZ, RICHARD
Address 1861 NW 93RD WAY
City-State-Zip: PLANTATION FL 33322

Title VP
Name FLINT, NANCY
Address 1857 NW 93RD WAY
City-State-Zip: PLANTATION FL 33322

Title SECRETARY
Name RICKEY, JANE
Address 1881 N.W. 93RD WAY
City-State-Zip: PLANTATION FL 33322

Title D
Name WHEELER, KAREN
Address 9391 NW 18 WAY
City-State-Zip: PLANTATION FL 33322

Title TREASURER
Name BRIDGES, JEFF
Address 1844 NW 93 TERRACE
City-State-Zip: PLANTATION FL 33322

I hereby 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 all other like empowered.

SIGNATURE: VICKI GELFUND

PRESIDENT

01/30/2014

Electronic Signature of Signing Officer/Director Detail

Date