

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25721

**FILED**  
**Feb 01, 2019**  
**Secretary of State**  
**1216834024CC**

**Entity Name:** CROSS CREEK II PATIO HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRMAR, FL 33025

**Current Mailing Address:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRMAR, FL 33025 US

**FEI Number:** 65-0055067

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ, MARC  
C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 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:** MARC RODRIGUEZ

02/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOGVIN, SCOTT  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            SECRETARY  
Name            SCHROLD, JAY  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            TREASURER  
Name            RADICE, JAMES  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            VICE PRESIDENT  
Name            BAUMAN, ARNOLD  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            SACHS, JOSEPH  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            SCHROLD, JAY  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

*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:** LOGVIN SCOTT

**PRESIDENT**

02/01/2019

Electronic Signature of Signing Officer/Director Detail

Date