

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90012 012 ****61.25

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|---|--|---|--|---|--|
| DOCUMENT # N17755 1. Entity Name CROSS CREEK PATIO HOMES OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2035 HARDING STREET 200 HOLLYWOOD, FL 33020 | | | Mailing Address 2035 HARDING STREET 200 HOLLYWOOD, FL 33020 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2784965 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW C/O DCI ASSOCIATION SERVICES 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | \$8.75 Additional Fee Required | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRASS, ALAN 9354 NW 18TH PLACE PLANTATION, FL 33322 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GELFUND, VICKI 9381 NW 18TH PLACE PLANTATION, FL 33322 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DELAPAZ, RICHARD 1861 NW 93RD WAY PLANTATION, FL 33322 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLINT, NANCY 1857 NW 93RD WAY PLANTATION, FL 33322 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Gerard Corelli <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9350 NW 18 Place Plantation, FL 33322 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LAWIN, BURT 9364 NW 18TH MANOR PLANTATION, FL 33322 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Lavin, BURT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, BILLY 1840 NW 93RD TERR PLANTATION, FL 33322 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Vicki Gelfund</i> VICKI GELFUND 4/17/07 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |