

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90014 027 \*\*\*\*61.25

<b>DOCUMENT # N25721</b> 1. Entity Name CROSS CREEK II PATIO HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O D.C.I. INC. 2035 HARDING ST #200 HOLLYWOOD, FL 33020			Mailing Address C/O D.C.I. INC. 2035 HARDING ST #200 HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # <i>C/O Assoc. Svcs OF FL</i> Suite, Apt. #, etc. <i>10112 USA Today Way</i> City & State <i>MIRAMAR, FL</i> Zip <i>33025</i>		3. Mailing Address <i>C/O Assoc. Svcs OF FL</i> Suite, Apt. #, etc. <i>10112 USA Today Way</i> City & State <i>MIRAMAR, FL</i> Zip <i>33025</i>		01092008 Chg-NP CR2E037 (12/06)	
Country <i>BROWARD</i>		Country <i>BROWARD</i>		4. FEI Number 65-0055067	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  DEVELOPMENT CONSULTANTS INC. ATTN ANDREW MEYROWITZ 2035 HARDING ST # 200 HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name <i>BARBARA HERNDON</i> Street Address (P.O. Box Number is Not Acceptable) <i>C/O Assoc. Svcs. OF FL</i> <i>10112 USA Today Way</i> City <i>MIRAMAR</i> FL Zip Code <i>33025</i>	
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.  SIGNATURE <i>Barbara Herndon</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	V SASSON, JACK 9700 NW 18 DR PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOGVIN, SCOTT 1845 NW 99 AVE PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOGLIEVINA, RICHARD 9820 NW 18 DR PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEICKLIN, KEVIN 1861 NW 99 AVE PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANGIPANE, JANET 9760 NW 18TH DR PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPADAFINO, MIKE 9781 NW 18 DR PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2-29-08 305-793-3562 Date Daytime Phone #	

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