

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02445 (7)**  
1. Corporation Name  
**CROSS CREEK OF FORT MYERS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>13050 CROSS CREEK BLVD FORT MYERS FL 33912</b>	Mailing Address <b>13050 CROSS CREEK BLVD FORT MYERS FL 33912-4629</b>
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3. Date Incorporated or Qualified <b>04/09/1984</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>59-2576791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9. Name and Address of Current Registered Agent**

**MULLOY, GALE L  
13050 CROSS CREEK BLVD  
FT MYERS FL 33912**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ALLEN, RICHARD</b>
STREET ADDRESS	<b>13021 CROSS CREEK BLVD. #43</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>HASSLER, JOSEPH</b>
STREET ADDRESS	<b>13303 OAK HILL LOOP</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>WETHERELL, C.N.</b>
STREET ADDRESS	<b>13279 OAK HILL LOOP</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>WETTLIN, DAN</b>
STREET ADDRESS	<b>13090 CROSS CREEK COURT #202</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>CELESTINO, EDITH</b>
STREET ADDRESS	<b>12726 INVERARY</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Robert E. Mitchell</b>
1.3 STREET ADDRESS	<b>13235 Oak Hill Loop</b>
1.4 CITY-ST-ZIP	<b>Fort Myers, FL 33912</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C.N. Wetherell* **C.N. WETHERELL** **TREASURER** **1/14/97 (941) 768-1166**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056675

CR2E037 (9/96)