

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 13050 CROSS CREEK BLVD FORT MYERS FL 33912	Mailing Address 13050 CROSS CREEK BLVD FORT MYERS FL 33912
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3. Date Incorporated or Qualified
04/09/1984

4. FEI Number
59-2576791

Applied For	Not Applicable
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2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

7. Is this nonprofit corporation a homeowners association?
 Yes No

24 Zip Country

29 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	MITCHELL, ROBERT E	
STREET ADDRESS	13235 OAK HILL LOOP	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HASSLER, JOSEPH	
STREET ADDRESS	13303 OAK HILL LOOP	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WETHERELL, C.N.	
STREET ADDRESS	13279 OAK HILL LOOP	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WETTLIN, DAN	
STREET ADDRESS	13090 CROSS CREEK COURT #202	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CELESTINO, EDITH	
STREET ADDRESS	12726 INVERARY	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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.

C. N. Wetherell

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98 (941)768-1166

CR2E037 (10/97)