2007 NOT-FOR-PROFIT CORPORATION

Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N02445 04-23-2007 90082 008 ****61.25 CROSS CREEK OF FORT MYERS COMMUNITY ASSOCIATION, INC. 40075845 Principal Place of Business Mailing Address 13050 CROSS CREEK BLVD 13050 CROSS CREEK BLVD FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2576791 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pischedo MARTIN, YVONNE L Name 13050 CROSS CREEK BLVD Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33912 Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered age. the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TITLE **X** Delete TITLE ☐ Addition MCLIVAINE, JOHN NAME NAME Ofta Stream Br STREET ADDRESS 12666 INVERARY STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIE CITY-ST-7IP DS TITLE Delete TITLE Change ☐ Addition GLENN, HURT NAME NAME STREET ADDRESS 13426 TALL GRASS CT STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition UNGLAUB, HARRY NAME NAME 13111 CROSS CREEK BLVD. # 211 STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TITLE ☐ Change O'FLYNN, ROBERT NAME NAME STREET ADDRESS 13239 OAK HILL LOOP STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Frank Maranto Blud # 309 NAME ASCENZO, JOAN MAME 12695 COLD STREAM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 1 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.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE