

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19193 (4)

1. Corporation Name

COUNTRY CLUB VILLAGE II OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6900-29 DANIELS PKW
#137
FT MYERS FL 33912
US

6900-29 DANIELS PKW
SUITE 137
FT MYERS 33 33912
US

3. Date Incorporated or Qualified
02/11/1987

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **S/O Marquis Management**

26 **S/O Marquis Management**

22 **12661 New Brittany Blvd**

27 **12661 New Brittany Blvd**

23 **Fort Myers FL**

28 **Fort Myers, FL**

24 **33907** 25 **USA**

29 **33907** 30 **USA**

4. FEI Number **59-2803361** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRICKLIN, EDESEL CAM
6900-29 DANIELS PARKWAY, SUITE 137
FT MYERS FL 33912

81 Name **Stilphay, Peter A. S/O Marquis Mgt.**
82 Street Address (P.O. Box Number is Not Acceptable) **12661 New Brittany Blvd**
83
84 City **Fort Myers** FL 85 Zip Code **33907**

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 *Peter A. Stilphay* **PETER A STILPHAY** **7/2/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODABAUGH, MARY JANE	
STREET ADDRESS	7 CHESTNUT HILL	
CITY-ST-ZIP	OXFORD OH 45056	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BREHAN, ROBERT E	
STREET ADDRESS	13080-310 CROSS CREEK CT	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORRIE, JOAN M	
STREET ADDRESS	13080-304 CROSS CREEK CT	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert E. Brehan* **6-27-96 817-255-6778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)