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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19193

1. Corporation Name

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

Principal Place of Business

MARQUIS MANAGEMENT  
9400 GLADIOLUS DRIVE #100  
FT MYERS FL 33908  
US

Mailing Address

MARQUIS MANAGEMENT  
9400 GLADIOLUS DRIVE #100  
FT MYERS FL 33908  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/11/1987

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

9. Name and Address of Current Registered Agent

STILPHEN, PETER A C/O MA  
MARQUIS MANAGEMENT, INC  
9400 GLADIOLUS DRIVE #100  
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Michael Fleming c/o  
82 Marquis Management Inc.  
83 9400 Gladiolus Dr. #100  
84 Fort Myers, Fl. 33908

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

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 D  DELETE  
NAME SWEENEY, JOHN  
STREET ADDRESS 13070 CROSS CREEK CT #502  
CITY-ST-ZIP FT MYERS FL 33912

TITLE STD  DELETE  
NAME CORRIE, JOAN M  
STREET ADDRESS 13080-304 CROSS CREEK CT  
CITY-ST-ZIP FT MYERS FL

TITLE PD  DELETE  
NAME BOHEN, NORTON  
STREET ADDRESS 13076 CROSS CREEK CT. 401  
CITY-ST-ZIP FT. MYERS FL 33912

TITLE D  DELETE  
NAME RICHARDSON, KENNETH  
STREET ADDRESS 13070 CROSS CREEK CT., #508  
CITY-ST-ZIP FT. MYERS FL 33912

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE STD  Change  Addition  
2.2 NAME McNALLY FRANK  
2.3 STREET ADDRESS 13080-311 CROSS CREEK CT  
2.4 CITY-ST-ZIP FT. MYERS, FL 33912

3.1 TITLE D  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE VPD  Change  Addition  
4.2 NAME CAMPANELLA, AMERICO  
4.3 STREET ADDRESS 13080-313 CROSS CREEK CT  
4.4 CITY-ST-ZIP FT. MYERS, FL 33912

5.1 TITLE D  Change  Addition  
5.2 NAME WEBER, ROBERT  
5.3 STREET ADDRESS 13070-501 CROSS CREEK CT  
5.4 CITY-ST-ZIP FT. MYERS, FL 33912

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

Daytime Phone #

CR2E037 (1/98)