

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19193

1. Entity Name

COUNTRY CLUB VILLAGE II OF CROSS CREEK CONDOMINI

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90105 044 ****61.25

Principal Place of Business MARQUIS MANAGEMENT 9400 GLADIOLUS DRIVE #100 FT MYERS FL 33908 US	Mailing Address PO BOX 61358 FT MYERS FL 33906-1358
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6371-2 Arc Way	3. Mailing Address PO Box 61358
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Myers, FL	City & State Ft Myers, FL
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4. FEI Number 59-2803361	Applied For <input type="checkbox"/> Not Applicable
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Zip 33912	Country USA	Zip 33906	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FLEMING, MICHAEL
MARQUIS MANAGEMENT, INC
9400 GLADIOLUS DRIVE #100
FT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name
David J Workman

Street Address (P.O. Box Number is Not Acceptable)
Paragon Property Management

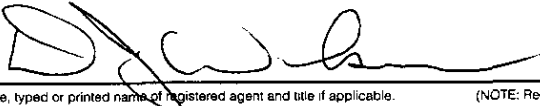
6371-2 Arc Way

City
Ft Myers

State
FL

Zip Code
33912

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  **March 10, 2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25.**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME SWEENEY, JOHN	
STREET ADDRESS 13070 CROSS CREEK CT #502	
CITY-ST-ZIP FT MYERS FL 33912	
TITLE STD	<input type="checkbox"/> Delete
NAME MCNALLY, FRANK	
STREET ADDRESS 13080-304 CROSS CREEK CT	
CITY-ST-ZIP FT MYERS FL	
TITLE D	<input type="checkbox"/> Delete
NAME BOHEN, NORTON	
STREET ADDRESS 13076 CROSS CREEK CT. 401	
CITY-ST-ZIP FT. MYERS FL 33912	
TITLE VPD	<input type="checkbox"/> Delete
NAME CAMPANELLA, AMERICO	
STREET ADDRESS 13080-313 CROSS CREEK CT	
CITY-ST-ZIP FT. MYERS FL 33912	
TITLE D	<input type="checkbox"/> Delete
NAME WEBER, ROBERT	
STREET ADDRESS 13070-501 CROSS CREEK CT	
CITY-ST-ZIP FT. MYERS FL 33912	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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.

SIGNATURE:  **4/28/00 941-277-0112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #