2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19193

1. Entity Name

COUNTRY CLUB VILLAGE II OF CROSS CREEK CONDOMINI

Principal Place of Business MARQUIS MANAGEMENT

Mailing Address

PO BOX 61358

6371-2 ARC WAY FORT MYERS FL 33912 US			FT MYERS FL 33906-1358							 	
2. Principal F	Place of Busin	ness	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number 59-2803361 Applied For Not Applicable					
Zip Country		Zip Cou		untry	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
6. Name and Address of Current R			legistered Agent	<u> </u>	7. Name and Address of New Registered Agent						
					Name						
WORKMAN, DAVID J PARAGON PROPERTY MANAGEMENT			A		Street Address (P.O. Box Number is Not Acceptable)						
					Street Ad	ı) zasını	C. DOX NUMBER 18 INDU ACCEPTABLE)				
6371-2 ARC WAY FORT MYERS FL 33912					City			31 3		Zip Cod	e
FURI MTERS PL 33912				J.,,			3.7.7	FL		_	
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 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 I Trust Fund Contribu	ng			Make Check Payable to Department of State				
10.		OFFICERS AND DIRE	CTORS	11.	=	A	DDITIONS/CHA	ANGES TO OFFICE	RS AND DIF	RECTORS IN	10
TITLE	PD		☐ Delete	TITLE	E					☐ Change	☐ Addition
NAME				NAM							
STREET ADDRESS	10010 011000 011001				ET ADDRESS						
CITY-ST-ZIP		S FL 33912		1	-ST-ZIP	2/2	. /				
TITLE	STD	EDANK '	X Delete	TITLE	1	S/I	:/D lesi, A	lbort		☐ Change	Addition
NAME	MCNALLY	, CROSS CREEK CT		NAM	ET ADDRESS			s Creek	Court	#504	
STREET ADDRESS CITY-ST-ZIP	FT MYER				-ST-ZIP			FL 33912	COUL	#304	
TITLE	D	D-1 L	☐ Delete	TITLE	-		1170107	10 33312		↑ Change	Addition
NAME	BOHEN, I	NORTON	L Delete	NAM						onungo	
STREET ADDRESS		OSS CREEK CT. 401			ET ADDRESS						
CITY-ST-ZIP		S FL 33912		CITY	- ST- ZiP						}
TITLE	VPD		☐ Delete	TITLE						☐ Change	Addition
NAME	CAMPANE	ELLA, AMERICO		NAMI	E						Ì
STREET ADDRESS	13080-313	3 CROSS CREEK CT		STRE	ET ADDRESS						}
CITY-ST-ZIP	FT. MYER	S FL 33912		CITY	-ST-ZIP						
TITLE	D		☐ Delete	TITLE	: T					☐ Change	☐ Addition
NAME	WEBER, F			NAM	1						}
STREET ADDRESS		CROSS CREEK CT			ET ADDRESS						
CITY-ST-ZIP	FI. MYER	S FL 33912	<u></u>	CITY-	-ST-ZIP			<u></u>			
TITLE			☐ Delete	TITLE	1					☐ Change	☐ Addition
NAME CTREET ADDRESS				NAME							1
STREET ADDRESS				SIKE	ET ADDRESS						ļ

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.

FILED May 07, 2001 8:00 am Secretary of State
05-07-2001 90059 015 ****61.25