## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19193

FILED Apr 01, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST STATE ROAD 434 **SUITE 5000** LONGWOOD, FL 327795044 US **New Mailing Address: Current Mailing Address:** 2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 59-2803361 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST STATE ROAD 434, SUITE 5000 LONGWOOD, FL 32779 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition SWEENEY, JOHN Name: Name: 13070 CROSS CREEK CT #502 Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: PD Title: () Delete Title: () Change () Addition THOMAS, PETER Name: Name: Address: 13076 CROSS CREEK CT. #406 Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: STD () Delete Title: (X) Change ( ) Addition SOUSA, DUANE SOUSA, DUANE Name: Name: 582 AQUIDNECK AVE Address: Address: 582 AQUIDNECK AVE City-St-Zip: MIDDLETOWN, RI 02842 City-St-Zip: MIDDLETOWN, RI 02842 Title: () Delete Title: () Change () Addition Name: HUTZEL, MARK Name: 13070 CROSS CREEK CT #503 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: TSD () Delete Title: (X) Change ( ) Addition OBRIEN, TERRY Name: Name: OBRIEN, TERRY 3825 109TH ST W 3825 109TH ST W Address: Address: City-St-Zip: CHICAGO, IL 60655 City-St-Zip: CHICAGO, IL 60655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER THOMAS PD 04/01/2008