

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90485 048 ****61.25

DOCUMENT # N19193

1. Entity Name

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



Principal Place of Business

**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

Mailing Address

**2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD FL 32779-5044
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2803361**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD FL 32779**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **SWEENEY, JOHN**
STREET ADDRESS **13070 CROSS CREEK CT #502**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** Change Addition
NAME **CHARLES THOMAS**
STREET ADDRESS **13076 CROSS CREEK CT. #404**
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE **VPD** Delete
NAME **CAMPANELLA, AMERICO**
STREET ADDRESS **13080-313 CROSS CREEK CT**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **WEBER, ROBERT**
STREET ADDRESS **13070-501 CROSS CREEK CT**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** Delete
NAME **COLLES, ALBERT**
STREET ADDRESS **13070 CROSS CREEK CT.**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *John A. Sweeney* **JOHN A. SWEENEY** 3-25-03 768-1959

CR2E037 (10/02)