

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19194 (2)

CROSS CREEK OF FORT MYERS CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business: 12661 NEW BRITTANY BLVD, 12563 NEW BRITTANY BLVD, ST. MYERS FL 33907, US
Mailing Address: 12661 NEW BRITTANY BLVD, 12563 NEW BRITTANY BLVD, FT. MYERS FL 33907-3825, US

3. Date Incorporated or Qualified: 02/11/1987
3a. Date of Last Report: 04/02/1996

4. FEI Number: 65-0104915
Applied For: Not Applicable

Certificate of Status Desired: \$8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

US

US

24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 00

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILPHEN, PETER A
12661 NEW BRITTANY BLVD
12730 NEW BRITTANY BLVD, SUITE
FT. MYERS FL 33907

81 Stilphen, Peter
82 Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 Fort Myers, Fl. 33907
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: *Peter Stilphen* *PETER STILPHEN* 1/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, JOHN	1.2 NAME	
STREET ADDRESS	13001 CROSS CREEK BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTTE, ELWOOD	2.2 NAME	
STREET ADDRESS	13001 CROSS CREEK BLVD., #214	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBA, CHARLES	3.2 NAME	
STREET ADDRESS	13001 CROSS CREEK BLVD., #17	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Charles D. Doba* 4/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055350

CP2E037 (9/96)