

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

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

04-28-2003 90485 050 \*\*\*\*61.25

**DOCUMENT # N19194**

1. Entity Name

**CROSS CREEK OF FORT MYERS CONDOMINIUM II ASSOCIATION, INC.**



Principal Place of Business

**2182 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US**

Mailing Address

**2182 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US**

2. Principal Place of Business

**2180 W SR 434**

3. Mailing Address

**2180 W SR 434**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0104915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CURTIS, LINDA	
STREET ADDRESS	13001 CROSS CREEK #13	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BIANCHI, MARY ANN	
STREET ADDRESS	13001 CROSS CREEK #28	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POORMAN, ALICE	
STREET ADDRESS	13001 CROSS CREEK BLVD. #29	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBER, JOHN	
STREET ADDRESS	13001 CROSS CREEK BLVD #9	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOTTE, ELWOOD	
STREET ADDRESS	13001 CROSS CREEK BLVD., #14	
CITY-ST-ZIP	FORT 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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCHI, MARY ANN	
STREET ADDRESS	13001 CROSS CREEK BLVD. # 28	
CITY-ST-ZIP	FT. MYERS, FL 33912	
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:

*Elwood Totte*

*March 25 2003*

CR2E037 (10/02)