

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N22295 (2)
1. Corporation Name

FAIRWAY WOODS OF CROSS CREEK II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **6371 ARC WAY SUITE 2 FORT MYERS FL 33912**
Mailing Address: **P.O. BOX 61358 FT MYERS FL 33906-1358**

3. Date Incorporated or Qualified: **08/31/1987**
3a. Date of Last Report: **04/07/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0104918	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WORKMAN, DAVID J. C/O PARAGON PROPERTY MANAGEMENT 6371-2 ARC WAY FORT MYERS FL 33912		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary/Treasurer/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALSEY, WILLIAM	1.2 NAME	Mary Nelson
STREET ADDRESS	1100 S MAIN ST	1.3 STREET ADDRESS	12561 ColdStream Dr #616
CITY-ST-ZIP	GALAX VA	1.4 CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	Pres/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JAMES	2.2 NAME	James Campbell, JR
STREET ADDRESS	305 BRAEHEAD DR.	2.3 STREET ADDRESS	305 Braehead Drive
CITY-ST-ZIP	FREDERICKSBURG VA	2.4 CITY-ST-ZIP	Fredericksburg, VA 22401
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, KATHLEEN	3.2 NAME	Delete
STREET ADDRESS	12561 COLD STREAM DR #603	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAND, MADINE	4.2 NAME	Delete
STREET ADDRESS	1 CHERRY STREET LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Vice President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISCI, MICHAEL	5.2 NAME	Micheal Crisci
STREET ADDRESS	176 LINDBERG BLVD	5.3 STREET ADDRESS	176 Lindberg Blvd
CITY-ST-ZIP	BLOOMFIELD NJ	5.4 CITY-ST-ZIP	Bloomfield, NJ 07003
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	200001847292 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-06/03/96--01023--011
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: **4/10/96** DAYTIME PHONE #: **941-277-0112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

CS 5/1/96