


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

4. FEI Number
65-0104918

Applied For
 Not Applicable

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

**WORKMAN, DAVID J.
 C/O PARAGON PROPERTY MANAGEMENT
 6371-2 ARC WAY
 FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | NELSON, MARY | |
| STREET ADDRESS | 12561 COLD STREAM DR #616 | |
| CITY-ST-ZIP | FT MYERS FL 33912 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, JAMES | |
| STREET ADDRESS | 305 BRAEHEAD DR. | |
| CITY-ST-ZIP | FREDERICKSBURG VA 22401 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | CRISCI, MICHEAL | |
| STREET ADDRESS | 176 LINDBERG BLVD | |
| CITY-ST-ZIP | BLOOMFIELD NJ 07003 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Wayne Robertson | |
| 1.3 STREET ADDRESS | 12521 Cold Stream Drive #504 | |
| 1.4 CITY-ST-ZIP | Ft Myers, FL 33912 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | William Decker | |
| 3.3 STREET ADDRESS | 12561 Cold Stream Drive #605 | |
| 3.4 CITY-ST-ZIP | Ft Myers, FL 33912 | |
| 4.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Angie Giehl | |
| 4.3 STREET ADDRESS | 12561 Cold Stream Drive #611 | |
| 4.4 CITY-ST-ZIP | Ft Myers, FL 33912 | |
| 5.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Cynthia Ballard | |
| 5.3 STREET ADDRESS | 12561 Cold Stream Drive #613 | |
| 5.4 CITY-ST-ZIP | Ft Myers, FL 33912 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 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: *William C. Decker* April 24, 1998 941-277-0112

CR2E037 (10/97)