


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90084 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22295

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
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/31/1987
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0104918
23. City & State	27. City & State	Applied For Not Applicable
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
30. Country		

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 FL 85. Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSON, WAYNE	1.2 NAME	D Alphonse Mazza
STREET ADDRESS	12521 COLD STREAM DR, #504	1.3 STREET ADDRESS	12501 Cold Stream Dr #407
CITY-ST-ZIP	FT MYERS FL 33912	1.4 CITY-ST-ZIP	FT Myers FL 33912
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JAMES	2.2 NAME	
STREET ADDRESS	305 BRAEHEAD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA 22401	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	D/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, WILLIAM	3.2 NAME	
STREET ADDRESS	12561 COLD STREAM DR, #605	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIEHL, ANGIE	4.2 NAME	
STREET ADDRESS	12561 COLD STREAM DR, #611	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MY 33912	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLARD, CYNTHIA	5.2 NAME	Mary Nelson
STREET ADDRESS	12561 COLD STREAM DR, #613	5.3 STREET ADDRESS	12561 Cold Stream Dr # 616
CITY-ST-ZIP	FT MYERS FL 33912	5.4 CITY-ST-ZIP	FT Myers FL 33912
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 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, with all other like empowered.

SIGNATURE: William Decker Pres 4/25/99 768 5734
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/98)