

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

02-08-2002 90016 014 \*\*\*\*61.25

**DOCUMENT # N22296**

1. Entity Name

**THE VERANDAS OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13110 CROSS CREEK BLVD.  
 CONDO #303  
 FORT MYERS FL 33912

13110 CROSS CREEK BLVD.  
 CONDO #303  
 FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0106199**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIEBL, KENNETH A**  
**13110 CROSS CREEK BLVD.**  
**CONDO #303**  
**FORT MYERS FL 33912**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	STROBEL, RAYMOND	
STREET ADDRESS	13130 CROSS CREEK BLVD #111	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MULLIKIN, JACK	
STREET ADDRESS	13110 CROSS CREEK BLVD. CONDO #212	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LIEBL, KENNETH A	
STREET ADDRESS	13110 CROSS CREEK BLVD. CONDO #303	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WADDINGTON, JOHN	
STREET ADDRESS	13110 CROSS CREEK BLVD. CONDO #211	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RENQUIN, JOSEPH	
STREET ADDRESS	13110 CROSS CREEK BLVD. CONDO #309	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
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		
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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:

*KENNETH A LIEBL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 (94)  
 768 9312

CR2E037 (9/01)