

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004591

**Entity Name:** RESERVE AT CROSSING CREEK VILLAGE PHASE TWO  
PROPERTY OWNERS' ASSOCIATION, INC.**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC3206852627****Current Principal Place of Business:**6810 48TH TERRACE E,  
BRADENTON, FL 34203**Current Mailing Address:**6810 48TH TERRACE E,  
BRADENTON, FL 34203 US**FEI Number: 36-4767544****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ADAMCZYK, GOEDE  
8950 FONTANA DEL SOL WAY  
#100  
NAPLES, FL 34109 US*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: GOEDE ADAMCZYK****04/18/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	PALMERI, SAMUEL
Address	24311 WALDEN CENTER DR SUITE 300
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VP
Name	JORDAN, MANFRED
Address	24311 WALDEN CENTER DR SUITE 300
City-State-Zip:	BONITA SPRINGS FL 34134

Title	SECRETARY
Name	SCHERR, SUSAN
Address	24311 WALDEN CENTER DR SUITE 300
City-State-Zip:	BONITA SPRINGS FL 34134

Title	TREASURER
Name	EDDY, ROBERT
Address	24311 WALDEN CENTER DR. SUITE 204
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	FISCHER, ROBERT
Address	24311 WALDEN CENTER DR. SUITE 204
City-State-Zip:	BONITA SPRINGS FL 34134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SAMUEL PALMERI****PRESIDENT****04/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date