

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19193

**FILED**  
**Mar 08, 2019**  
**Secretary of State**  
**6257152790CC**

**Entity Name:** COUNTRY CLUB VILLAGE II OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12995 S. CLEVELAND AVE.  
#176  
FT. MYERS, FL 33907

**Current Mailing Address:**

12995 S. CLEVELAND AVE.  
#176  
FT. MYERS, FL 33907 US

**FEI Number: 59-2803361**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STARFISH ASSOC. MANAGEMENT, LLC  
12995 S. CLEVELAND AVE.  
#176  
FT. MYERS, FL 33907 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            KELLY, DEBORAH  
Address        12995 S. CLEVELAND AVE.  
                  #176  
City-State-Zip: FT. MYERS FL 33907

Title            VP, DIRECTOR  
Name            MOORE, JAMES  
Address        12995 S. CLEVELAND AVE.  
                  #176  
City-State-Zip: FT. MYERS FL 33907

Title            DIRECTOR  
Name            KONCHAR, GARY  
Address        12995 S. CLEVELAND AVE.  
                  #176  
City-State-Zip: FT. MYERS FL 33907

Title            SECRETARY, TREASURER  
Name            SPAZIANO, NANCY  
Address        12995 S. CLEVELAND AVE.  
                  #176  
City-State-Zip: FT. MYERS FL 33907

Title            DIRECTOR  
Name            LAFFOON, TACY  
Address        12995 S. CLEVELAND AVE.  
                  #176  
City-State-Zip: FT. MYERS FL 33907

*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: DEBORAH KELLY**

**PRESIDENT**

**03/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date