

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19193

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

**FILED**  
**Feb 25, 2021**  
**Secretary of State**  
**5938496844CC**

**Current Principal Place of Business:**

12553 NEW BRITTANY BLVD.  
#3204  
FT. MYERS, FL 33907

**Current Mailing Address:**

12553 NEW BRITTANY BLVD.  
#3204  
FT. MYERS, FL 33907 US

**FEI Number: 59-2803361**

**Certificate of Status Desired: No**

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

D&D ASSOCIATION SERVICES LLC  
12553 NEW BRITTANY BLVD.  
#3204  
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: DAWN DEBONIS**

**02/25/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            KELLY, DEBORAH  
Address        12553 NEW BRITTANY BLVD.  
                  #3204  
City-State-Zip: FT. MYERS FL 33907

Title            DIRECTOR  
Name            MOORE, JAMES  
Address        12553 NEW BRITTANY BLVD.  
                  #3204  
City-State-Zip: FT. MYERS FL 33907

Title            DIRECTOR  
Name            KONCHAR, MARY KAY  
Address        12553 NEW BRITTANY BLVD.  
                  #3204  
City-State-Zip: FT. MYERS FL 33907

Title            VP  
Name            KUNKAILO, RICH  
Address        12553 NEW BRITTANY BLVD.  
                  #3204  
City-State-Zip: FT. MYERS FL 33907

Title            SECRETARY, TREASURER  
Name            STAGG, MIKE  
Address        12553 NEW BRITTANY BLVD.  
                  #3204  
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**

**02/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date