

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

DOCUMENT# N22295

**FILED**  
**Apr 08, 2016**  
**Secretary of State**  
**CC5422333939**

**Entity Name:** FAIRWAY WOODS OF CROSS CREEK II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

APEX MANAGEMENT SERVICES OF LEE COUNTY  
13611 MCGREGOR BLVD SUITE 6  
FORT MYERS, FL 33919

**Current Mailing Address:**

APEX MANAGEMENT SERVICES OF LEE COUNTY INC  
13611 MCGREGOR BLVD SUITE 6  
FORT MYERS, FL 33919 US

**FEI Number: 65-0032899**

**Certificate of Status Desired: No**

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

MURRAY, GRACE J  
APEX MANAGEMENT SERVICES OF LEE COUNTY, INC  
13611 MCGREGOR BLVD SUITE 6  
FORT MYERS, FL 33919 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:** GRACE J MURRAY

04/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ROWE, RONALD  
Address 12561 COLD STREAM DR  
608  
City-State-Zip: FORT MYERS FL 33912

Title T  
Name HARTMAN, KEN  
Address 12501 COLD STREAM DR  
407  
City-State-Zip: FT MYERS FL 33912

Title PRES  
Name KLAUS, JANICE  
Address 12561 COLD STREAM DR  
607  
City-State-Zip: FORT MYERS FL 33912

Title VP  
Name SONGIN, JOSEPH  
Address 12521 COLD STREAM DR  
506  
City-State-Zip: FORT MYERS FL 33912

Title S  
Name LITTLE, CAROL  
Address 12561 COLD STREAM DR  
613  
City-State-Zip: FORT MYERS FL 33912

*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:** JANICE KLAUS

**PRESIDENT**

04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date