

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05914</b> 1. Entity Name <b>CROSS CREEK OF FORT MYERS VILLAS I                  CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>BCH MANAGEMENT GROUP, INC                  1840 BOY SCOUT DRIVE, SUITE B                  FORT MYERS FL 33907                  US</b>	Mailing Address <b>C/O BCH MANAGEMENT GROUP, INC.                  1840 BOY SCOUT DRIVE, SUITE B                  FORT MYERS FL 33907                  US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-2486682</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MOORE, DIANA L  
 1840 BOY SCOUT DRIVE  
 SUITE B  
 FORT MYERS FL 33907**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Diana L. Moore, Agent* DATE: *2/8/2008*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P/D <input type="checkbox"/> Delete
NAME	GJERTSON, BEVERLY
STREET ADDRESS	12383 TALL GRASS LN
CITY-ST-ZIP	CAPE CORAL FL 33912
TITLE	T/D <input type="checkbox"/> Delete
NAME	OSBORN, JAMES
STREET ADDRESS	13381 TALL GRASS COURT
CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	S/D <input type="checkbox"/> Delete
NAME	JOCELYN, SANDRA
STREET ADDRESS	13428 TALL GRASS COURT
CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	V/D <input type="checkbox"/> Delete
NAME	REECE, WILLIAM
STREET ADDRESS	13340 TALL GRASS CT.
CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	D <input type="checkbox"/> Delete
NAME	REEVES, ELEANOR
STREET ADDRESS	13384 TALL GRASS CT.
CITY-ST-ZIP	FT MYERS FL 33912
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	000000824537
CITY-ST-ZIP	02/20/08-80082-016 61.25
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Beverly Gjertson, President* *2-8-08*