2007 NOT-FOR-PROFIT CORPORATION

Apr 25, 2007 8:00 am Secretary of State ANNUAL REPORT 04-25-2007 90201 039 ****61.25 DOCUMENT # N07229 THE VILLAS OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC. Annorma Principal Place of Business Mailing Address 15660 SAN CARLOS BLVD 15660 SAN CARLOS BLVD #40 #40 FORT MYERS, FL 33908 FORT MYERS, FL 33908 IIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PAM Property 4 M Property Management Suite. Apt. #, etc. Suite, Apt. #, etc 03082007 CR2E037 (12/06) Chq-NP 14360 S. Tamiami Trail 4360 S. Taniani City & State 4. FEI Number 59-2529532 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAPP, PAUL P & M Property Management C/O P & M PROPERTY MANAGEMENT 14360 So. Tamiami Trail Unit B 15660 SAN CARLOS BLVD 40 FORT MYERS, FL 33908 Fort Myers, Florida 33912 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or point, it was am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT TITLE PΠ TITLE Change ☐ Addition ☐ Delete LEBEL, CAROL NAME NAME 15660 SAN CARLOS BLVD #40 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP Treasurer TD Delete TITLE ☐ Change Addition TITLE RUTH KONKOWSKI HOLZER, DALE NAME NAME STREET ADDRESS 15660 SAN CARLOS BLVD #40 STREET ADDRESS 14360 S Tamini Trall & B FOOT my Ers FL 33912 CITY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZIP VD Delete TITLE ☐ Change TITLE Addition DIRECTUR NAME SPELLING, GORDON : Ai/E Shemill COLIVETT 14560 Stamiani TAGILEB STREET ADDRESS STREET ADDRESS 15660 SAN CARLOS BLVD #40 CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE SD ☐ Delete TITLE -Ohange ☐ Addition President NAME RIZZO, DIANE NAME STREET ADDRESS 13458 ONION CREEK CT STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition OC Delete NAME KILEY, MAURICE NAME STREET ADDRESS 13460 ONION CREEK CT STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: