

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PH 3: 24**

DOCUMENT # N15099 (7)

1. Corporation Name

**CROSS CREEK OF FORT MYERS SINGLE FAMILY CONDOMIN
IUM II ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6374-2 ARC WAY
FT. MYERS FL 33912

P.O. BOX 61358
FT MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1986

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2810527

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WORKMAN, DAVID J.
6371-2 ARC WAY
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name **David J Workman**
82 Street Address (P.O. Box Number is Not Acceptable)
Paragon Property Management
83 **6371-2 Arc Way**
84 City **Ft Myers** FL 85 Zip Code **33912**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	MUNSCH, JOE
STREET ADDRESS	12720 INVERARY CIR
CITY - ST - ZIP	FORT MYERS FL
TITLE	DV
NAME	FRAOLI, JOSEPH
STREET ADDRESS	12702 INVERARY CIRCLE
CITY - ST - ZIP	FORT MYERS FL 33912
TITLE	DT
NAME	WILLIAMS, NICHOLAS
STREET ADDRESS	12738 INVERARY CIRCLE
CITY - ST - ZIP	FORT MYERS FL
TITLE	VD
NAME	HAUGER, H.W.
STREET ADDRESS	12828 INVERARY CIRCLE
CITY - ST - ZIP	FORT MYERS FL 32912
TITLE	DS
NAME	BETZ, ROBERT
STREET ADDRESS	12714 INVERARY CIR
CITY - ST - ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Vice Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Janet StJohn
2.3 STREET ADDRESS	12838 Dornoch Court
2.4 CITY - ST - ZIP	Ft Myers, FL 33912
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nicholas A. Williams* **NICHOLAS A. WILLIAMS 5/24/95 816-277-0112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number