

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N15099 (7)

1. Corporation Name

CROSS CREEK OF FORT MYERS SINGLE FAMILY CONDOMINIUM 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

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number	Applied For
59-2810527	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WORKMAN, DAVID J. 6371-2 ARC WAY FORT MYERS FL 33912				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 MUNSCH, JOE 12720 INVERARY CIR FORT MYERS FL	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VP ST. JOHN, JANET 12838 DORNOCH COURT FORT MYERS FL	21 TITLE	V/President
NAME		22 NAME	William Brinich
STREET ADDRESS		23 STREET ADDRESS	12731 Inverary Circle
CITY-ST-ZIP		24 CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	DT WILLIAMS, NICHOLAS 12738 INVERARY CIRCLE FORT MYERS FL	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	VD HAUGER, H.W. 12828 INVERARY CIRCLE FORT MYERS FL 32912	41 TITLE	V/President
NAME		42 NAME	Catherine Taylor
STREET ADDRESS		43 STREET ADDRESS	12816 Dornoch Court
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft Myers, FL 33912
TITLE	DS BETZ, ROBERT 12714 INVERARY CIR FT MYERS FL	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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 617, 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, TRCS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NICHOLAS A. WILLIAMS

2/26/96 (941) 768-3145
Date Date/Time Phone #

CR2E037 (12/95)