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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N15099

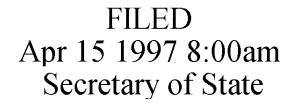
(7)

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

Principal Place of Business

Mailing Address

6374-2 ARC WAY FT. MYERS FL 33912 P.O. BOX 61358 FT MYFRS FL 33906-13





FT. MYERS FL	33912	FT MITERS FL 33906-1358				
					3. Date Incorporated or Qualified 05/27/1986	3a. Date of Last Report 03/04/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
<u> </u>		26			59-2810527	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	T 0-		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	\vdash	intry	8. This corporation has liability for it	ntangible tax under s. 199.032,
24	25	29 Acont	30		Florida Statutes L. 10. Name and Address of New Reg	
	9. Name and Address of Curre	all Hegistered Agent		81 Name	10. Name and Adoless of Nam neg	Jiatorou Agont
				, valle		
WORKMAN, DAVID J.				82 Street Address (P.O. Box Number is Not Acceptable)		
6371-2 ARC WAY				83		
FORT MYERS FL 33912				63		
	•			84 City		FL 85 Zip Code
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.		ND DIRECTORS	13.	o rigit it digitation	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELETE	1.1 7	TLE	NP	Change Addition
NAME	MUNSCH, JOE		1.2 N	AME	127 1	
STREET ADDRESS	12720 INVERARY CIR		1.3 S	TREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 0	ITY - ST - ZIP		
TITLE	VP	XX DELETE	2.1 T	-	VP/D	Change XX Addition
NAME	BRINICH, WILLIAM		2.2 N	AME	Richard Brunton	
STREET ADDRESS	12731 INVERARY CIRCLE		235	TREE 1 ADDRESS	12672 Inverary Circ	cle
CITY-ST-ZIP	FORT MYERS FL			CITY - ST - ZIP	Ft Myers, FL 33912	
TITLE	DT	DELETE	3.1 T		NIT	Change Addition
NAME	WILLIAMS, NICHOLAS		3.2 N	AME	127	
STREET ADDRESS	12738 INVERARY CIRCLE		3.3 \$	TREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		3.4. (CITY-\$1- Z IP		
TITLE	VD	XX DELETE	4.1 1		VP/D	Change XX Addition
NAME	HAUGER, H.W.		4.21	NAME	Theodore Sienski	
STREET ADDRESS	12828 INVERARY CIRCLE		4.3 S	TREET ADDRESS	12689 Inverary Circ	cle
CITY-ST-ZIP	FORT MYERS FL 32912			ITY-ST-ZIP	Ft Myers, FL 33912	2
TITLE	DS	XX DELETE	5.1 T		s/b	Change X Addition
NAME	BETZ, ROBERT	·	5.2 N	AME	Catherine Taylor	****
STREET ADDRESS	12714 INVERARY CIR		5.3 S	TREET ADDRESS	12816 Dornoch Court	5
CITY-ST-ZIP	FT MYERS FL		1	17Y-ST-7/P	Ft Myers, FL 33912	
TITLE	VP	XX DELETE	61 T			Change Addition
NAME	TAYLOR, CATHERINE		6.2 N	AME		
STREET ADDRESS	12816 DORNOCJ COURT			TREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL			HY-ST-ZIP		
G111-01-EP	TIMILITOIL	1 31 11 22	0.40		totad in Contine 110 07/2/(i) Floride Platute	a I further portify that the

I. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.