

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15099 (7)**

1. Corporation Name  
**CROSS CREEK OF FORT MYERS SINGLE FAMILY CONDOMINIUM II ASSOCIATION, INC.**



Principal Place of Business <b>6374-2 ARC WAY FT. MYERS FL 33912</b>	Mailing Address <b>P.O. BOX 61358 FT MYERS FL 33906-1358</b>
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3. Date Incorporated or Qualified <b>05/27/1986</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2810527</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MUNSCH, JOE</b>	
STREET ADDRESS	<b>12720 INVERARY CIR</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRINICH, WILLIAM</b>	
STREET ADDRESS	<b>12731 INVERARY CIRCLE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, NICHOLAS</b>	
STREET ADDRESS	<b>12738 INVERARY CIRCLE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAUGER, H.W.</b>	
STREET ADDRESS	<b>12828 INVERARY CIRCLE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 32912</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BETZ, ROBERT</b>	
STREET ADDRESS	<b>12714 INVERARY CIR</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TAYLOR, CATHERINE</b>	
STREET ADDRESS	<b>12816 DORNOCJ COURT</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Richard Brunton</b>	
2.3 STREET ADDRESS	<b>12672 Inverary Circle</b>	
2.4 CITY-ST-ZIP	<b>Ft Myers, FL 33912</b>	
3.1 TITLE	<b>D/T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Theodore Sienski</b>	
4.3 STREET ADDRESS	<b>12689 Inverary Circle</b>	
4.4 CITY-ST-ZIP	<b>Ft Myers, FL 33912</b>	
5.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Catherine Taylor</b>	
5.3 STREET ADDRESS	<b>12816 Dornoch Court</b>	
5.4 CITY-ST-ZIP	<b>Ft Myers, FL 33912</b>	
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 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 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.

CR2E037 (9/96)