

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 61956 FT MYERS FL 33906</b>
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3. Date Incorporated or Qualified <b>05/27/1986</b>	
4. FEI Number <b>59-2810527</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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
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	DP	<input type="checkbox"/> DELETE
NAME	MUNSCH, JOE	
STREET ADDRESS	12720 INVERARY CIR	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRUNTON, RICHARD	
STREET ADDRESS	12672 INVERARY CIR.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WILLIAMS, NICHOLAS	
STREET ADDRESS	12738 INVERARY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SIENSKI, THEODORE	
STREET ADDRESS	12660 INVERARY CIR.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, CATHERINE	
STREET ADDRESS	12816 CORNOCH CT.	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph Fraioli
2.3 STREET ADDRESS	12702 Inverary Circle
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	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William Brinich
5.3 STREET ADDRESS	12731 Inverary Circle
5.4 CITY-ST-ZIP	Ft Myers, FL 33912
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 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.

SIGNATURE: *Joseph B. Munsch, President* April 24, 1998 941-277-0112

CR2E037 (10/97)