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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N15099

1. Corporation Name

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

479188 - 90089 - 1

Principal Place of Business: 6374-2 ARC WAY FT. MYERS FL 33912

Mailing Address: P.O. BOX 61358 FT MYERS FL 33906



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/27/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2810527
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNSCH, JOE	1.2 NAME	Richard Cunningham
STREET ADDRESS	12720 INVERARY CIR	1.3 STREET ADDRESS	12695 Inverary Circle
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	ft Myers FL 33912
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAIOLI, JOSEPH	2.2 NAME	
STREET ADDRESS	12702 INVERARY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NICHOLAS	3.2 NAME	
STREET ADDRESS	12738 INVERARY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	D/Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIENSKI, THEODORE	4.2 NAME	John DiMarco
STREET ADDRESS	12689 INVERARY CIR.	4.3 STREET ADDRESS	12749 Inverary Circle
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	ft Myers FL 33902
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINICH, WILLIAM	5.2 NAME	
STREET ADDRESS	12731 INVERARY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Nicholas Williams 4/26/99 941-277-0112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)