

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90312 049 ****61.25

DOCUMENT # N15099

1. Entity Name

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

Principal Place of Business

Mailing Address

2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044

2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

FEI # 59-2803366

4. FEI Number ~~59-2803366~~ **59-2803366**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JR., JAMES W
C/O SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCILVAINE, JOHN H	
STREET ADDRESS	12866 INVERARY CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, NICHOLAS	
STREET ADDRESS	12738 INVERARY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIMARCO, JOHN	
STREET ADDRESS	12749 INVERARY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRINICH, WILLIAM	
STREET ADDRESS	12731 INVERARY CIRCLE	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, RICHARD	
STREET ADDRESS	12895 INVERARY CIR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOPPER, DOUGLAS	
STREET ADDRESS	12812 INVERARY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Brinich*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 941-277-0112
 Date Daytime Phone #

CR2E037 (9/01)