

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90034 042 \*\*\*\*61.25

**DOCUMENT # N15099**  
 1. Entity Name  
**CROSS CREEK OF FORT MYERS SINGLE FAMILY CONDOMINIUM II ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 % P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FT. MYERS FL 33908  
 % P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FT. MYERS FL 33908

J U I U I U U



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-2803366** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**AYERS, LORIANN**  
**15660 SAN CARLOS BLVD., #40**  
**FT. MYERS FL 33908**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Lori Ann Ayers, CAM, CFPM* **3-08-04**  
 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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	JODAR, DONALD	
STREET ADDRESS	<del>12746 INVERARY CIR.</del>	
CITY-ST-ZIP	PORT MYERS BEACH FL 33931	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, NICHOLAS	
STREET ADDRESS	<del>12708 INVERARY CIRCLE</del>	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIMARCO, JOHN	
STREET ADDRESS	<del>12746 INVERARY CIRCLE</del>	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	<del>DT</del>	<input type="checkbox"/> Delete
NAME	<del>HOOPER, DOUG</del>	
STREET ADDRESS	<del>12812 INVERARY CIR.</del>	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOPPER, DOUGLAS	
STREET ADDRESS	<del>12612 INVERARY CIRCLE</del>	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15660 San Carlos Blvd. #40	
CITY-ST-ZIP	Ft. MYERS, FL 33908	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15660 SAN CARLOS BLVD. #40	
CITY-ST-ZIP	Ft. MYERS, FL 33908	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15660 SAN CARLOS Blvd. #40	
CITY-ST-ZIP	Ft. MYERS, FL 33908	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA MCDIVANE	
STREET ADDRESS	15660 SAN CARLOS Blvd. #40	
CITY-ST-ZIP	Ft. MYERS, FL 33908	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15660 SAN CARLOS Blvd. #40	
CITY-ST-ZIP	Ft. MYERS, FL 33908	
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: *Nicholas A. Williams, TREAS* **3/10/04 239-421-1577**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #