


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90150 001 ****61.25

DOCUMENT # N15099					
1. Entity Name CROSS CREEK OF FORT MYERS SINGLE FAMILY CONDOMINIUM II ASSOCIATION, INC.					
Principal Place of Business % P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908			Mailing Address % P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2803366	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AYERS, LORIANN 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908			Name Dixie Cory Street Address (P.O. Box Number is Not Acceptable) 15660 SAN CARLOS BLVD #40 FORT MYERS City FL Zip Code 33908		
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 <i>Dixie Cory</i>			SIGNATURE <i>Dixie Cory</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when re-registering)		
DATE 2-9-05			DATE		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JODAR, DONALD		NAME	President	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40		STREET ADDRESS	Frank Sacheli	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	12696 Inverrary Cir FORT MYERS FL 33912	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NICHOLAS		NAME	Williams, Nicholas	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40		STREET ADDRESS	10750 Inverrary Cir.	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMARCO, JOHN		NAME	Dimarco John	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40		STREET ADDRESS	12749 Inverrary Cir.	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCILVAING, BARBARA		NAME	Director	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40		STREET ADDRESS	Patricia Manhardt	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	14290 Hickory Links Court #1912 FORT MYERS FL 33912	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPPER, DOUGLAS		NAME	Don Jodar	
STREET ADDRESS	15660 SAN CARLOS BLVD., #40		STREET ADDRESS	12745 Inverrary Cir	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sgt Manhardt	
STREET ADDRESS			STREET ADDRESS	12820 Donach	
CITY-ST-ZIP			CITY-ST-ZIP	FORT MYERS FL 33912	
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: <i>Lois Cory</i>			SIGNATURE <i>Lois Cory</i>		
Signature and typed or printed name of signing officer or director			(NOTE: Registered Agent signature required when re-registering)		
DATE 2-9-05			DATE		
Daytime Phone #					