


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90006 011 \*\*\*\*61.25

<b>DOCUMENT # N15099</b> 1. Entity Name <b>CROSS CREEK OF FORT MYERS SINGLE FAMILY CONDOMINIUM II ASSOCIATION, INC.</b>					
Principal Place of Business <b>% P&amp;M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908</b>			Mailing Address <b>% P&amp;M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2803366</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORY, DIXIE 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SACHELI, FRANK</b> <b>12696 INVERARY CIR</b> <b>FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMS, NICHOLAS</b> <b>12750 INVERARY CIR</b> <b>FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIMARCO, JOHN</b> <b>12749 INVERARY CIR</b> <b>FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MENHARDT, PATRICIA</b> <b>14290 HICKORY LINKS COURT #1912</b> <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JODAR, DON</b> <b>12745 INVERARY CIR</b> <b>FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MANHARDT, PAT</b> <b>12820 DONACH</b> <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMS, NICHOLAS</b> <b>12738 INVERARY CIR</b> <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HANDEN, MARILYN</b> <b>12618 INVERARY CIR</b> <b>FORT MYERS, FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Nicholas A. Williams, Treasurer</u> 3/3/06 239-768-3145</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					