



**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>					
<b>1. Entity Name</b> CROSS CREEK OF FORT MYERS SINGLE FAMILY CONDOMINIUM II ASSOCIATION, INC.					
<b>Principal Place of Business</b> % P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908		<b>Mailing Address</b> % P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908		400000	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		 01052006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2803366	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CORY, DIXIE 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SACHELI, FRANK		NAME		
STREET ADDRESS	12696 INVERARY CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, NICHOLAS		NAME	WILLIAMS, NICHOLAS	
STREET ADDRESS	12750 INVERARY CIR		STREET ADDRESS	12738 INVERARY CIR	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIMARCO, JOHN		NAME		
STREET ADDRESS	12749 INVERARY CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENHARDT, PATRICIA		NAME		
STREET ADDRESS	14290 HICKORY LINKS COURT #1912		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JODAR, DON		NAME		
STREET ADDRESS	12745 INVERARY CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MANHARDT, PAT		NAME	HANSEN, MARILYN	
STREET ADDRESS	12820 DONACH		STREET ADDRESS	12618 INVERARY CIR	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	FORT MYERS, FL 33912	
<b>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>					
<b>SIGNATURE:</b> <i>Nicholas A. Williams, Nicholas A. Williams, Treasurer 3/3/06 239-768-3145</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					