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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90332 027 ****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 - No P.O. Box #
P+m Property Management

3. Mailing Address
P+m Property Management

Suite, Apt. #, etc.
14360 S. Tamiami Trail, #B

City & State
Fort Myers, FL

Zip
33912

Country
US

01102007 Chg-NP CR2E037 (12/06)

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

**CORY, DIXIE
15660 SAN CARLOS BLVD., #40
FT. MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name
Paul Sapp

Street Address (P.O. Box Number is Not Acceptable)
P+m Property Management

14360 S. Tamiami Trail, #B

City
Fort Myers FL Zip Code
33912

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 *Paul Sapp* DATE 4-12-07

Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP | P SACHELI, FRANK 12696 INVERARY CIR FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILLIAMS, NICHOLAS 12738 INVERARU CIR FORT MYERS, FL 33912 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIMARCO, JOHN 12749 INVERARY CIR FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JODAR, DON 12745 INVERARY CIR FORT MYERS, FL 33912 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HANSEN, MARILYN 12618 INVERARY CIR FORT MYERS, FL 33912 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Rose Munsch 14360 S. Tamiami Trail, # B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Warren Manhardt 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Don Jodar 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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.

SIGNATURE: *Paul Sapp* DATE: 4-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: *NICHOLAS A WILLIAMS* DATE: 239-768-3145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #