

**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 Suite, Apt. #, etc. 14360 S. Tamiami Trail, #B		3. Mailing Address P+m Property Management Suite, Apt. #, etc. 14360 S. Tamiami Trail, #B			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 59-2803366	
Zip 33912		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u><i>Paul Sapp</i></u> DATE <u>4-12-07</u> <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 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	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 WILLIAMS, NICHOLAS 12738 INVERARU CIR FORT MYERS, FL 33912	<input type="checkbox"/> Delete	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	D DIMARCO, JOHN 12749 INVERARY CIR FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	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	D JODAR, DON 12745 INVERARY CIR FORT MYERS, FL 33912	<input type="checkbox"/> Delete	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	S HANSEN, MARILYN 12618 INVERARY CIR FORT MYERS, FL 33912	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 <u><i>Paul Sapp</i></u> <u><i>NICHOLAS A WILLIAMS</i></u> <u><i>TREK</i></u> <u>239-768-3145</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					