
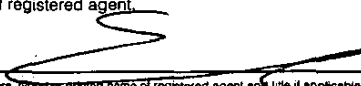



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90074 030 ****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 14360 S TAMIAMI TRAIL #B FORT MYERS, FL 33912		Mailing Address % P&M PROPERTY MANAGEMENT 14360 S TAMIAMI TRAIL #B FORT MYERS, FL 33912	
2. Principal Place of Business - No P.O. Box # <i>711 Tarpon Bay Rd</i>		3. Mailing Address <i>P.O. Box 100</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Saribel FL</i>		City & State <i>Saribel FL</i>	
Zip <i>33957</i>		Country <i>USA</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent SAPP, PAUL P+M PROPERTY MGMT 14360 S TAMIAMI TRAIL #B FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name <i>Steven Mackesy</i> Street Address (P.O. Box Number is Not Acceptable) <i>711 Tarpon Bay Rd</i> City <i>Saribel FL</i> Zip Code <i>33957</i>	
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 		Signature, typed or printed name of registered agent and title if applicable. <i>Steven Mackesy</i> DATE <i>3/28/08</i>	
Filing Fee is \$81.25 Due by May 1, 2008		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 MUNSCH, ROSE 14360 S TAMIAMI TRAIL #B FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, NICHOLAS 14360 S TAMIAMI TRAIL #B FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANHARDT, WARREN 14360 S TAMIAMI TRAIL #B FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JODAR, DON <input checked="" type="checkbox"/> Delete 14360 S TAMIAMI TRAIL #B FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>VP PAUL CHRISTENSEN 12908 INVERARY CIRCLE FORT MYERS FL 33912</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSEN, MARILYN <input type="checkbox"/> Delete 14360 S TAMIAMI TRAIL #B FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		Date <i>04/17/08</i> Daytime Phone # <i>239-768-9145</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			