

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N15099

Entity Name: CROSS CREEK OF FORT MYERS SINGLE FAMILY CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

PO BOX 100
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-2803366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUNSCH, ROSE
Address: 14360 S TAMIAMI TRAIL #B
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: WILLIAMS, NICHOLAS
Address: 14360 S TAMIAMI TRAIL #B
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: MANHARDT, WARREN
Address: 14360 S TAMIAMI TRAIL #B
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: CHISTENSON, PAUL
Address: 12908 INVERNEY CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: S () Delete
Name: HANSEN, MARILYN
Address: 14360 S TAMIAMI TRAIL #B
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MUNSCH, ROSE
Address: 14360 S TAMIAMI TRAIL #B
City-St-Zip: FORT MYERS, FL 33912

Title: TD (X) Change () Addition
Name: O'HAGAN, PAT
Address: 12675 INVERARY CIR
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: MANHARDT, WARREN
Address: 14360 S TAMIAMI TRAIL #B
City-St-Zip: FORT MYERS, FL 33912

Title: VD (X) Change () Addition
Name: CHISTENSON, PAUL
Address: 12908 INVERNEY CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change () Addition
Name: WADE, ELIZABETH
Address: 12808 DORNOCH CT
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE MUNSCH

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date