

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15099

FILED  
Apr 09, 2010  
Secretary of State

**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: PD  
Name: MUNSCH, ROSE  
Address: 14360 S TAMiami TRAIL #B  
City-St-Zip: FORT MYERS, FL 33912

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

Title: D  
Name: MANHARDT, WARREN  
Address: 14360 S TAMiami TRAIL #B  
City-St-Zip: FORT MYERS, FL 33912

Title: VD  
Name: CHISTENSON, PAUL  
Address: 12908 INVERNEY CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: WADE, ELIZABETH  
Address: 12808 DORNOCH CT  
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: ROSE MUNSCH

PD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date