

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90485 004 ****61.25

0098893

DOCUMENT # N15099
1. Entity Name
CROSS CREEK OF FORT MYERS SINGLE FAMILY CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business Mailing Address
2180 WEST SR 434 **2180 WEST SR 434**
SUITE 5000 **SUITE 5000**
LONGWOOD FL 32779-5044 **LONGWOOD FL 32779-5044**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2803366** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
HART, JR., JAMES W
C/O SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	VD	<input type="checkbox"/> Delete
NAME	MCILVAINE, JOHN H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12666 INVERARY CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, NICHOLAS	
STREET ADDRESS	12738 INVERARY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIMARCO, JOHN	
STREET ADDRESS	12749 INVERARY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CUNNINGHAM, RICHARD	
STREET ADDRESS	12695 INVERARY CIR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOPPER, DOUGLAS	
STREET ADDRESS	12612 INVERARY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Jodar	
STREET ADDRESS	12745 Inverary Circle	
CITY-ST-ZIP	Ft. Myers, FL 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doug Hooper	
STREET ADDRESS	12612 Inverary Circle	
CITY-ST-ZIP	Ft. Myers, FL 33931	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nicholas Williams 3/18/03 239-768-3145

CR2E037 (10/02)