FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:56

DOCUMENT # **N16174** **(7)**

1. Corporation Name

COUNTRY CLUB VILLAGE I OF CROSS CREEK CONDOMINIU M ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O EDSEL STRICKLIN 13427 TALL GRASS COURT FORT MYERS FL 33912	C/O EDSEL STRICKLIN 13427 TALL GRASS COURT FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1986
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2645105 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRICKLIN, EDSEL
13427 TALL GRASS COURT
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HALL, CLARENCE	12 NAME	
STREET ADDRESS	13090 CROSS CREEK COURT, #203	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	KOPP, DOLORES	22 NAME	
STREET ADDRESS	13090 CROSS CREEK CT 205	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HORAN, EDWARD J.	32 NAME	
STREET ADDRESS	13094 CROSS CREEK COURT, #103	33 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☒ Change ☐ Addition
NAME	TURRO, ANN	42 NAME	VD SUMMERS, JOHN P.
STREET ADDRESS	13090 CROSS CREEK CT. #204	43 STREET ADDRESS	13094-107 Cross Creek Court
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WATERS, WILLIAM L.	52 NAME	
STREET ADDRESS	13090 CROSS CREEK CT. #206	53 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward J. Horan Edward J. Horan 813-768-2043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)

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