FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N16174 (7)

1. Corporation Name

COUNTRY CLUB VILLAGE I OF CROSS CREEK CONDOMINIUM 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

3. Date Incorporated or Qualified: 08/04/1986
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: c/o Marquis Management	26 Suite, Apt. #, etc.: c/o Marquis Management
22 City & State: 12661 New Brittany Blvd.	27 City & State: 12661 New Brittany Blvd
23 Zip / Country: Fort Myers, FL	28 Zip / Country: Fort Myers, FL
24 33907 / 25 USA	29 33907 / 30 USA

4. FEI Number: 59-2645105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRICKLIN, EDSEL 13427 TALL GRASS COURT FORT MYERS FL 33912	81 Name: Stilphen Peter A. c/o Marquis Management Inc 82 Street Address (P.O. Box Number is Not Acceptable): 12661 New Brittany Blvd 83 84 City: Fort Myers FL 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Peter A Stilphen PETER A STILPHEN 7/6/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALL, CLARENCE 13090 CROSS CREEK COURT, #203 FORT MYERS FL 33912	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD CORRIVEAU, JAMES 13094 CROSS CREEK CT. #214 Ft. MYERS, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOPP, DOLORES 13090 CROSS CREEK CT 205 FORT MYERS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD HEY, EUGENE 13094 CROSS CREEK CT. #115 Ft. MYERS, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HORAN, EDWARD D. 13094 CROSS CREEK COURT, #103 FORT MYERS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D O'FLYNN, ROBERT 13094 CROSS CREEK CT. #214 FT. MYERS, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SUMMERS, JOHN P 13094-107 CROSS CREEK COURT FORT MYERS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATERS, WILLIAM L. 13090 CROSS CREEK CT. #206 FT MYERS FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: William L. Waters 7/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #