FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N16174

(7)

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

9. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

C/O MAUQUIS MANAGEMENT 12861 NEW BRITTANY LVD FORT MYERS FL 33907

C/O MARQUIS MANAGEMENT 12681 NEW BRITTANY BLVD FORT MYERS FL 33907 US

3. Date Incorporated or Qualified 08/04/1986

Certificate of Status Desired

Applied For

4. FEI Number

59-2645105

Not Applicable \$8.75 Additional Fee Required

(10/97)

CR2E037

c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, Fl. 33908 US

c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, Fl. 33908 US

Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Is this nonprofit corporation a homeowners association? ☐ No

FILED

Apr 17 1998 8:00am

Secretary of State

Yes -. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Poolst-

STILPHEN, PETER A 126681 NEW BRITTANY BLVD FORT MYERS FL 33907

Stilphen, Peter

Marquis Management, Inc. 9400 Gladiolus Prive #100

Fort Myers, FL 33908 US 85 Zip Code

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.

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SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition CORRIVEAU, JAMES NAME 1.2 NAME 13094 CROSS CREEK CT #214 STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP FT. MYERS FL 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE HEY, EUGENE NAME 2.2 NAME 13094 CROSS CREEK CT. #115 STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE. Change Addition TITLE 3.1 TITLE O'FLYNN, ROBERT NAME 3.2 NAME 13094 CROSS CREEK CT., #215 STREET ADDRESS 3.3 STREET ADDRESS FT. MYERS FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE PD PRESLEY, DALE NAME 4 2 NAME 13094 CROSS CREEK COURT, #108 4.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 4.4 CITY-ST-ZIP CITY-ST-ZIP X Addition DELETE TITLE 5.1 TOLE CAROLYM SMITH CT #201 NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS FT. MYERS. CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE TACK Summers CT NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

CITY-SI-ZIP

14. Thereby 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 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:

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Daytime Phone # 0057381