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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

321013 - 90079 - 7

DOCUMENT # **N16174**

1. Corporation Name

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

Principal Place of Business	Mailing Address
C/O MAUQUIS MANAGEMENT 9400 GLADIOLUS DRIVE #100 FORT MYERS FL 33908 US	C/O MARQUIS MANAGEMENT 9400 GLADIOLUS DRIVE #100 FORT MYERS FL 33908 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 08/04/1986

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

STILPHEN, PETER A
MARQUIS MANAGEMENT, INC
9400 GLADIOLUS DRIVE #100
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Michael Fleming c/o
82 Marquis Management Inc.
83 9400 Gladiolus Dr. #100
84 Fort Myers, Fl. 33908
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.

SIGNATURE _____ Michael Fleming Agt. 4/8/99
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORRIVEAU, JAMES		1.2 NAME		
STREET ADDRESS	13094 CROSS CREEK CT #214		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEY, EUGENE		2.2 NAME		
STREET ADDRESS	13094 CROSS CREEK CT. #115		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CAROLYN		3.2 NAME		
STREET ADDRESS	13090 CROSS CREEK CT #207		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRESLEY, DALE		4.2 NAME		
STREET ADDRESS	13094 CROSS CREEK COURT, #108		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUMMERS, JACK		5.2 NAME		
STREET ADDRESS	13094 CROSS CREEK CT #107		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33912		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: X Jack Summers SIGNATURE REQUIRED 4/5/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)