

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16174

1. Entity Name

COUNTRY CLUB VILLAGE I OF CROSS CREEK CONDOMINIUM

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90104 050 ****61.25

Principal Place of Business

Mailing Address

C/O MAUQUIS MANAGEMENT
9400 GLADIOLUS DRIVE #100
FORT MYERS FL 33908
US

PO BOX 61358
FORT MYERS FL 33906-1358
US

2. Principal Place of Business

6371-2 Arc Way

3. Mailing Address

PO Box 61358

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft Myers, FL

City & State

Ft Myers, FL

4. FEI Number

59-2645105

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33906

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEMING, MICHAEL
MARQUIS MANAGEMENT, INC
9400 GLADIOLUS DRIVE #100
FORT MYERS FL 33908

Name

David J Workman

Street Address (P.O. Box Number is Not Acceptable)

Paragon Property Management

6371-2 Arc Way

City

Ft Myers

FL

Zip Code

33912

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 10, 2000

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME CORRIVEAU, JAMES
STREET ADDRESS 13094 CROSS CREEK CT #214
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME HEY, EUGENE
STREET ADDRESS 13094 CROSS CREEK CT. #115
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME SMITH, CAROLYN
STREET ADDRESS 13090 CROSS CREEK CT #207
CITY-ST-ZIP FT. MYERS FL 33912

TITLE TD ☐ Change ☒ Addition
NAME Robert Kopp
STREET ADDRESS 13090 Cross Creek Court #205
CITY-ST-ZIP Ft Myers, FL 33912

TITLE PD ☐ Delete
NAME PRESLEY, DALE
STREET ADDRESS 13094 CROSS CREEK COURT, #108
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SUMMERS, JACK
STREET ADDRESS 13094 CROSS CREEK CT #107
CITY-ST-ZIP FT MYERS FL 33912

TITLE SD ☐ Change ☒ Addition
NAME Nancy Chapin
STREET ADDRESS 13094 Cross Creek Court #109
CITY-ST-ZIP Ft Myers, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)