

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19194

FILED
Apr 02, 2008
Secretary of State

Entity Name: CROSS CREEK OF FORT MYERS CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 65-0104915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, DAVID
Address: 13001 CROSS CREEK #26
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: BEAL, JOHN
Address: 19 EMS D-16 A1A LN
City-St-Zip: SYRACUSE, IN 46567

Title: TD () Delete
Name: WALONICK, BRUCE
Address: 13001 CROSS CREEK BLVD #16
City-St-Zip: FT MYERS, FL 33912

Title: VPD () Delete
Name: NICHOLAS, GLEN
Address: 13001 CROSS CREEK BLVD #17
City-St-Zip: FT MYERS, FL 33912

Title: SD () Delete
Name: CURTIS, LINDA
Address: 13001 CROSS CREEK BLVD #13
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID THOMAS

PD

04/02/2008

Electronic Signature of Signing Officer or Director

Date