

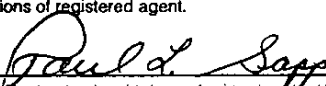



5060

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90082 023 \*\*\*\*61.25

<b>DOCUMENT # N22295</b>					
1. Entity Name <b>FAIRWAY WOODS OF CROSS CREEK II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>15660 SAN CARLOS BLVD #40 FT MYERS, FL 33908</b>			Mailing Address <b>15660 SAN CARLOS BLVD #40 FT MYERS, FL 33908</b>		
2. Principal Place of Business - No P.O. Box # <b>P + M Property Management</b>		3. Mailing Address <b>P + M Property Management</b>		 01092007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. <b>14360 S. Tamiami Trail, #B</b>		Suite, Apt. #, etc. <b>14360 S. Tamiami Trail, #B</b>			
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>		4. FEI Number <b>65-0032899</b>	
Zip <b>33912</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SAPP, PAUL P &amp; M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908</b>			7. Name and Address of New Registered Agent Name <b>Paul Sapp</b> Street Address (P.O. Box Number is Not Acceptable) <b>P + M Property Management</b> <b>14360 S. Tamiami Trail, #B</b> City <b>Fort Myers</b> FL Zip Code <b>33912</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		DATE <b>4-12-07</b>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRUNO, MYRNA 12561 COLD STREAM DRIVE # 605 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Avis Lemire 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEGUS, THOMAS F III 12561 COLD STREAM DR #511 FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ken Hartman 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALOMON, STAN 12521 COLD STREAM DR #510 FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAY, KEN 184 WALTER AVE. TONAWANDA, NY 14150 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jackie de la Osa 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wayne Johnson 14360 S. Tamiami Trail, #B Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DATE <b>4/9/07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			