

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90105 009 ****61.25

DOCUMENT # N 37286 ✓
1. Entity Name
 CROSS CREEK ESTATES HOMEOWNER'S
 ASSOCIATION II

Principal Place of Business **Mailing Address**
 12561 CROSS CREEK BLVD SAME
 FORT MYERS FL 33912

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0186949 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DOUGLAS G. DUNN
 8170 CHATSWORTH COURT
 FL MYERS, FL 33912

7. Name and Address of New Registered Agent
 Name DOUGLAS G. DUNN
 Street Address (P.O. Box Number is Not Acceptable) 8170 CHATSWORTH COURT
 City FL MYERS, FL 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] DATE 1/4/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution. **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	DUNN, DOUGLASS G.	
STREET ADDRESS	8170 CHATSWORTH COURT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	MUSTAINE, KATHLEEN	
STREET ADDRESS	12651 CHARTWELL DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	LUEDDEKE, JOAN J.	
STREET ADDRESS	12681 CHARTWELL DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)