

FILE NOW: FILING FEE IS \$61.25

OK JR

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37287 (2)

1. Corporation Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION I, INC.



Principal Place of Business

Mailing Address

C/O GARY HAINES  
10491 SIX MILE CYPRESS  
FORT MYERS FL 33912

C/O GARY HAINES  
10491 SIX MILE CYPRESS  
FORT MYERS FL 33912

3. Date Incorporated or Qualified

03/21/1990

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0186951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 12501 CROSS CREEK BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 FORT MYERS, FL

28

City & State

24 33912

Country

U.S.A.

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, ALAN R  
10491 SIX MILE CYPRESS PKWY  
FT MYERS FL 33912

81

Name JOSEPH M. DEVECCHIS

82

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

83

12501 CROSS CREEK BLVD

84

City FORT MYERS, FL

85

Zip Code 33912

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 Joseph M. DeVecchis / JOSEPH M. DEVECCHIS / MANAGER / 2/16/96

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JOHN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, ALAN R	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD J. WEBER	
1.3 STREET ADDRESS	12501 CROSS CREEK BLVD	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN D. McMANUS	
2.3 STREET ADDRESS	12501 CROSS CREEK BLVD	
2.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
3.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANTHONY A. IRDEVAIO	
3.3 STREET ADDRESS	12501 CROSS CREEK BLVD	
3.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400001749254	
5.3 STREET ADDRESS	-03/19/96--01075--025	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Donald J. Weber DONALD J. WEBER 2/16/96 (941) 768-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)