

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90044 020 \*\*\*\*61.25

DOCUMENT # N37287

1. Corporation Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION I, IN  
C.

Principal Place of Business

12501 CROSS CREEK BLVD  
FORT MYERS FL 33912

Mailing Address

12501 CROSS CREEK BLVD  
FORT MYERS FL 33912



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/21/1990

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

9. Name and Address of Current Registered Agent

William SHAW J.  
DEVECHIO, JOSEPH M.  
12501 CROSS CREEK BLVD  
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name William J. SHAW  
82 Street Address (P.O. Box Number is Not Acceptable)  
12501 CROSS CREEK BLVD.  
83  
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 William J. SHAW PRES. William J. Shaw  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WEBER, DONALD J  
STREET ADDRESS 12501 CROSS CREEK BLVD  
CITY-ST-ZIP FORT MYERS FL 33912  
DELETE

TITLE VD  
NAME MCMANUS, JOHN D  
STREET ADDRESS 12501 CROSS CREEK BLVD  
CITY-ST-ZIP FORT MYERS FL 33912  
DELETE

TITLE STD  
NAME HEIM, CHARLES A  
STREET ADDRESS 12501 CROSS CREEK BLVD  
CITY-ST-ZIP FORT MYERS FL 33912  
DELETE

TITLE William SHAW J. PD  
NAME 8219 BRETON CIR.  
STREET ADDRESS FORT MYERS FL 33912  
CITY-ST-ZIP  
DELETE

TITLE GUS PATAS VD  
NAME 8004 BRETON CIR.  
STREET ADDRESS FORT MYERS FL 33912  
CITY-ST-ZIP  
DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change  
1.2 NAME William, SHAW J.  
1.3 STREET ADDRESS 12501 CROSS CREEK BLVD.  
1.4 CITY-ST-ZIP FORT MYERS, FL 33912

2.1 TITLE VD Change  
2.2 NAME GUS PATAS  
2.3 STREET ADDRESS 12501 CROSS CREEK BLVD.  
2.4 CITY-ST-ZIP FORT MYERS, FL 33912

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

14. 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 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, with all other like empowered.

SIGNATURE: William J. SHAW PRES. (REQUIRED)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 941-768-3130  
Date Daytime Phone #

0060435

CR2F037-11198