

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37287

1. Entity Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION I, IN

Principal Place of Business

12501 CROSS CREEK BLVD
FORT MYERS FL 33912

Mailing Address

12501 CROSS CREEK BLVD
FORT MYERS FL 33912-4677

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

65-0186951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, WILLIAM J
12501 CROSS CREEK BLVD
FORT MYERS FL 33912

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WILLIAM, SHAW J
STREET ADDRESS 12501 CROSS CREEK BLVD
CITY-ST-ZIP FORT MYERS FL 33912

TITLE D ☐ Change ☒ Addition
NAME HARRY DASE
STREET ADDRESS 12501 CROSS CREEK BLVD.
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE VD ☐ Delete
NAME PATAS, GUS
STREET ADDRESS 12501 CROSS CREEK BLVD
CITY-ST-ZIP FORT MYERS FL 33912

TITLE D ☐ Change ☒ Addition
NAME LEONARD OBERY
STREET ADDRESS 12501 CROSS CREEK BLVD
CITY-ST-ZIP FT. MYERS, FL 33912

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

WILLIAM J SHAW (WILLIAM J SHAW)

3/31/00

741-768-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/95)