

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 PM 9: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N43350** (0)

1. Corporation Name

**CROSSCREEK POOL & SOCIAL CLUB, INC.**

Principal Place of Business

Mailing Address

245 RIVERWOOD RD  
NAPLES FL 33961  
US

311 RIVERWOOD RD  
NAPLES FL 33961  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/10/1991</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FEI Number <b>59-2385438</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**GRADY, THOMAS R ESQ**  
**3401 TAMiami TRAIL N**  
**SUITE 207**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renouncing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LACASSE, RICHARD</b>
STREET ADDRESS	<b>214 RIVERWOOD RD</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>P</b>
NAME	<b>GAUTHIER, PAULINE</b>
STREET ADDRESS	<b>41 LAKE DIANE DR</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>ST</b>
NAME	<b>WILLIS, GERI</b>
STREET ADDRESS	<b>311 RIVERWOOD RD</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>V</b>
NAME	<b>MCDOWELL, MONTE</b>
STREET ADDRESS	<b>4 LAKE DIANA DRIVE</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b>
NAME	<b>TULLOCK, FRED</b>
STREET ADDRESS	<b>1735 BEVERLY DR</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(4), 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, changed, or on an attachment with an add/ren.

SIGNATURE: Gerri Willis ST Gerri Willis ST April 25, 1995 775-5979