## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N43350

1. Corporation Name

CROSSCREEK POOL & SOCIAL CLUB, INC.

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business 245 RIVERWOOD RD NAPLES FL 33961

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Ζip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

311 RIVERWOOD RD NAPLES FL 33961

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

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Zip

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90001 001 \*\*\*\*61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

**Trust Fund Contribution** 

05/10/1991

59-2385438

FEI Number

			Name	•		
GRADY, THOMAS R ESQ 3401 TAMIAMI TRAIL N			Street	t Address (P.O. Box Number is Not Acceptable)	<del>-</del>	
			83			
SUITE 207						
NAPLES FL 33940		84	City		85 Zip	Code
The end of the second of the s			,		L 83 24	
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  Signature, breed or printed name of recistered agent and title if spolicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable. (NOTE: Registered Agent and title if applicable. (NOTE: Registered Agent and title if applicable.)  12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
<del></del>	D DELETE	11 TITLE		Treasurer	Change	Addition
TITLE	<b>U</b>	1.2 NAME		Tullock, Evelyn		~
NAME	LACASSE, RICHARD 214 RIVERWOOD RD	1.3 STREET	********	1775 Danie 1 1 Danie 1		ŀ
STREET ADDRESS				Naples, Fl. 34114		
CITY-ST-ZIP	NAPLES FL DELETE	1.4 CITY-ST 2.1 TITLE	I-ZIP	Director '	☐ Change	Addition
TITLE		2.2 NAME		John Sidey	<u> </u>	
NAME	GAUTHIER, PAULINE			1 000 04 1 1 1 1 1 1		
STREET ADDRESS	41 LAKE DIANE DR	2.3 STREET		_ · · · · · · · · · · · · · · · · · · ·	<b>-</b> ^	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-S 3.1 TITLE	1-ZiP	Naples, Fl. 34114	Change	☐ Addition
TITLE	01	3.2 NAME		Secretary	M.	
NAME	WILLIS, GERI			Geri Willis		
STREET ADDRESS	311 RIVERWOOD RD	3.3 STREET		1 211 VIAPI MOOG VG.	•	
CITY-ST-ZIP	NAPLES FL V DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP	Naples, Fl. 34114	☐ Change	☐ Addition
TITLE	<b>Y</b> =	4.1 TIFLE		•		
NAME	MCDOWELL, MONTE					
STREET ADDRESS	4 LAKE DIANA DRIVE	4.3 STREET				
CITY-ST-ZIP	NAPLES FL TO DELETE	4.4 CITY-ST	r-zip		Change	Addition
TITLE		5.2 NAME		,		
NAME	SCHMITTLEIN, CARL	5.3 STREET	. 9000666			
STREET ADDRESS	203 ROOKERY ROAD	5.4 CITY-S				1
CITY-ST-ZIP	NAPLES FL	6.1 TITLE	1-ZIP		☐ Change	Addition
TITLE TO A SECOND	. Deceie	6.2 NAME		,	Change	
	igit i ijsett is	6.3 STREET	. VDVDEGG			1
STREET ADDRESS	42 PG 5 PG			<b>'</b> [		
CITY-ST-ZIP		6.4 CITY-S	1-2P			

Country

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I. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sect y 3-9-99 941-725-597

CD2E027 744/08

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable