

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43350

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: CROSSCREEK POOL & SOCIAL CLUB, INC.

**Current Principal Place of Business:**

245 RIVERWOOD RD  
NAPLES, FL 33961 US

**New Principal Place of Business:**

**Current Mailing Address:**

245 RIVERWOOD RD  
NAPLES, FL 34114 US

**New Mailing Address:**

FEI Number: 59-2385438      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINTER, MICHAEL R ESQ  
4328 CORPORATE SQUARE  
SUITE C  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

MARC L. SHAPIRO, P.A.  
720 GOODLETTE RD. N.  
SUITE 304  
NAPLES, FL 34102 US

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: JEFF BLUESTEIN, ESQ.      04/12/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIDEY, JOHN  
Address: 209 RIVERWOOD RD.  
City-St-Zip: NAPLES, FL 34114

Title: VPD ( ) Delete  
Name: NOBLE, HUBERT  
Address: 235 RIVERWOOD RD.  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: KESTNER, DANIEL  
Address: 5 LAKE DIANE DR.  
City-St-Zip: NAPLES, FL

Title: D (X) Delete  
Name: GRAY, TRUDY  
Address: 148 RIVERWOOD RD  
City-St-Zip: NAPLES, FL 34114

Title: TD ( ) Delete  
Name: TULLOCK, EVELYN  
Address: 1735 BEVERLY DR.  
City-St-Zip: NAPLES, FL

Title: SD ( ) Delete  
Name: SOVA, MICHELE A  
Address: 1794 BEVERLY DR  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CLAY, ART  
Address: 212 ROOKERY RD.  
City-St-Zip: NAPLES, FL 34114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN TULLOCK      TD      04/12/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date