

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90008 024 ****61.25



DOCUMENT # N43350

1. Entity Name

CROSSCREEK POOL & SOCIAL CLUB, INC.

Principal Place of Business

245 RIVERWOOD RD
 NAPLES FL 33961
 US

Mailing Address

245 RIVERWOOD RD
 NAPLES FL 34114
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2385438

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

2nd MOORE

CR2E037 (4/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 6, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SIDEY, JOHN	
STREET ADDRESS	209 RIVERWOOD RD.	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NOBLE, HUBERT	
STREET ADDRESS	235 RIVERWOOD RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAY, ART	
STREET ADDRESS	212 ROOKERY RD.	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TULLOCK, EVELYN	
STREET ADDRESS	1735 BEVERLY DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOVA, MICHELE A	
STREET ADDRESS	1794 BEVERLY DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Karen Peterson	
STREET ADDRESS	271 Riverwood Rd	
CITY-ST-ZIP	Naples, FL 34114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Roberts	
STREET ADDRESS	280 Riverwood	
CITY-ST-ZIP	Naples, FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Evelyn M Tullock

Evelyn M Tullock

Date

7/26/06

Daytime Phone #

417-8688