

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43350

FILED  
Jan 07, 2009  
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:**

245 RIVERWOOD RD  
NAPLES, FL 34114 US

**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:**

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

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: PETERSON, KAREN E  
Address: 271 RIVERWOOD ROAD  
City-St-Zip: NAPLES, FL 34114

Title: D ( ) Delete  
Name: ROBERTS, DON  
Address: 280 RIVERWOOD  
City-St-Zip: NAPLES, FL 34114

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

Title: P ( ) Delete  
Name: SIDEY, JOHN R  
Address: 209 RIVERWOOD ROAD  
City-St-Zip: NAPLES, FL 34114

Title: D ( ) Delete  
Name: FIEHLER, ROBERT  
Address: 1718 BEVERLY DRIVE  
City-St-Zip: NAPLES, FL 34114

Title: D (X) Delete  
Name: HUNTER, JOANI  
Address: 215 RIVERWOOD RD  
City-St-Zip: NAPLES, FL 34114

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

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

Title: P (X) Change ( ) Addition  
Name: KANE, ROBERT M  
Address: 290 RIVERWOOD  
City-St-Zip: NAPLES, FL 34114

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

Title: D (X) Change ( ) Addition  
Name: HUNTER, JOANI  
Address: 215 RIVERWOOD RD.  
City-St-Zip: NAPLES, FL 34114

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 exemption stated 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 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: KAREN E.PETERSON

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date