

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90322 021 ****61.25

DOCUMENT # N43350
1. Entity Name
CROSSCREEK POOL & SOCIAL CLUB, INC.



Principal Place of Business Mailing Address
**245 RIVERWOOD RD
NAPLES FL 33961
US** **245 RIVERWOOD RD
NAPLES FL 34114
US**

55043855



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2385438** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PINTER, MICHAEL R ESO
4328 CORPORATE SQUARE
SUITE C
NAPLES FL 34104**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$61.25

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 P	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Delete
NAME SIDEY, JOHN		NAME NOBLE, HUBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 209 RIVERWOOD RD.		STREET ADDRESS 235 RIVER WOOD RD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP NAPLES FL 34114		CITY-ST-ZIP NAPLES, FLA.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GAUTHIER, PAULINE		NAME KESTNER, DANIEL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 41 LAKE DIANE DR		STREET ADDRESS 5 LAKE DIANE DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAPLES FL		CITY-ST-ZIP NAPLES, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIS, GERI		NAME GRAY, GERTUDE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 311 RIVERWOOD RD		STREET ADDRESS 148 RIVERWOOD RD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAPLES FL 34114		CITY-ST-ZIP NAPLES, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHMITTEIN, CARL		NAME TULLOCK, EVELYN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 203 ROOKERY ROAD		STREET ADDRESS 1735 BEVERLY DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP NAPLES FL		CITY-ST-ZIP NAPLES, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAFE, ANNA MAY		NAME	
STREET ADDRESS 1718 BEVERLY DR		STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 34114		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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 817, 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: *Gertrude Gray* Date: 4-29-03 (239) 775-5308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRE037 (10/02)