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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46345 (7)

1. Corporation Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION III, INC.



Principal Place of Business

Mailing Address

10491 SIX MILE CYPRESS  
SUITE 101  
FORT MYERS FL 33912  
US

10491 SIX MILE CYPRESS  
SUITE 101  
FORT MYERS FL 33912-6406  
US

3. Date Incorporated or Qualified  
12/06/1991

3a. Date of Last Report  
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 12501 CROSS CREEK BLVD

26 12501 CROSS CREEK BLVD

4. FEI Number  
65-0301939

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State  
FORT MYERS, FL 33912

28 City & State  
FORT MYERS, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33912 Country USA

29 Zip 33912 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, ALAN R.  
10491 SIX MILE CYPRESS PKWY.  
SUITE 101  
FORT MYERS FL 33912

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME MCMURRAY, DARIN  
STREET ADDRESS 10491 SIX MILE CYPRESS RD  
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE P/D  Change  Addition  
1.2 NAME JOE GRIMES  
1.3 STREET ADDRESS 10491 SIX MILE CYPRESS PKWY  
1.4 CITY-ST-ZIP FORT MYERS, FL 33912

TITLE VD  DELETE  
NAME JEFFRIES, CAROLYN  
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY.  
CITY-ST-ZIP FORT MYERS FL

2.1 TITLE V/D  Change  Addition  
2.2 NAME DARIN MCMURRAY  
2.3 STREET ADDRESS 10491 SIX MILE CYPRESS PKWY  
2.4 CITY-ST-ZIP FORT MYERS, FL 33912

TITLE STD  DELETE  
NAME BURNS, ALAN R.  
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY  
CITY-ST-ZIP FORT MYERS FL 33912

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director: Joseph Grimes 1-20-97 (941)768-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 006671

CR2E037 (9/96)