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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

12501 CROSS CREEK BLVD.
SUITE 101
FORT MYERS FL 33912
US

12501 CROSS CREEK BLVD.
SUITE 101
FORT MYERS FL 33912
US

3. Date Incorporated or Qualified

12/06/1991

4. FEI Number

65-0301939

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 12501 CROSS CREEK BLVD

28 12501 CROSS CREEK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 FORT MYERS FL

28 FORT MYERS FL

Zip

Country

Zip

Country

24 33912

USA

29 33912

USA

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 BURNS, ALAN R.

82 Street Address (P.O. Box Number is Not Acceptable)
10491 SIX MILE CYPRESS PKWY

83

84 City FORT MYERS

FL

85 Zip Code 33912

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MCMURRAY, DARIN
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWY.
CITY-ST-ZIP FORT MYERS FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10491 SIX MILE CYPRESS PKWY
2.4 CITY-ST-ZIP 33912

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33912

TITLE PD ☐ DELETE
NAME GRIMES, JOE
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FORT MYERS FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33912

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 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:

Joseph Grimes 1-12-98 (941) 768-5888

CR2E037 (10/97)