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OK Joe

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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 # N94000000431 (6)

1. Corporation Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION V, IN  
C.



Principal Place of Business

Mailing Address

10491 SIX MILE CYPRESS PKWY  
FORT MYERS FL 33912

10491 SIX MILE CYPRESS PKWY  
FORT MYERS FL 33912-6406

3. Date Incorporated or Qualified  
01/20/1994

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  
65-0466896

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 FORT MYERS, FL

28 FORT MYERS, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip 33912

Country USA

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  
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 PKWY  
CITY-ST-ZIP FORT MYERS FL 33912

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

Date

Daytime Phone # 0066628

*Joe Grimes* 1-20-97 (941) 768-5888

CR2E037 (9/96)