

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000431

1. Entity Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION V, IN

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90039 038 ****61.25

Principal Place of Business 12501 CROSS CREEK BLVD FORT MYERS FL 33912 US	Mailing Address 12501 CROSS CREEK BLVD FORT MYERS FL 33912-4677 US
--	---

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

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0466896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: GULF COAST MANAGEMENT SERVICES INC
Street Address (P.O. Box Number is Not Acceptable):
10060 AMBERWOOD RD. #4
City: FT. MYERS FL Zip Code: 33913

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.

SIGNATURE: *Judy McGann* - JUDY MCGANN - COMMUNITY ASSN. MGR. DATE: 2/25/00
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE: VD NAME: MCMURRAY, DARIN STREET ADDRESS: 10491 SIX MILE CYPRESS PKWY CITY-ST-ZIP: FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: JOE GRIMES STREET ADDRESS: 10491 SIX MILE CYPRESS PKWY CITY-ST-ZIP: FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE: STD NAME: BURNS, ALAN R STREET ADDRESS: 10491 SIX MILE CYPRESS PKWY CITY-ST-ZIP: FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: NORMAN HALLMAN STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ED-KRAJIC STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: RINO PETTIROSS STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Norman Hallman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (9/99)