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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE: _

N94000004631 (7)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION VI. I

					İ	- 1 186 ((CB) 8/8 1891, 8/81, 86((CB) 88(C	! #6 .) 8.6 8.6 #1	iya a ij ar ijial piri ri
Principal Place of Business Mailing Address								
10491 SIX FORT MY	X MILE CYPRESS PKY. STE. 101 YERS FL 33912	10491 SIX MILE CYPI FORT MYERS FL 339	ress PKY. St 12	E. 101				
2 Principal					3. Da	ate Incorporated or Qualified 09/16/1994	3a. Date of 04 /2	Last Report 27/1995
2. Priricipa. 21	l Place of Business	2a. Mailing Address			4. FE	l Number		Applied For
	pt. #, etc.	Suite, Apt. #, etc.		 -		65-0525390		Not Applicat
22 Cdu 8 Cd	tot.	27			5. Ce	erlificate of Status Desired	□ \$8	.75 Additional ee Required
City & St	itate	Crty & State				ection Campaign Financing		5.00 May Be
Ζιρ	Country	Zip	Countr	У		ust Fund Contribution	A	dded to Fees
4	25	29	30	•	Flo	is corporation has liability for in rida Statutes	tangible tax und∈ Yes □ No	or s. 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Na	me and Address of New Re	gistered Agent	
RUDA	IS, ALAN R		81	Name)			
	i SIX MILE CYPRESS PKWY		82	Street	Arldress (P.O. I	Box Number is Not Acceptable)	
	YERS FL 33912		83					
					_			
			84	,			85	Zip Code
 Pursuan or regist 	nt to the provisions of Sections 617.05 tered agent, or both, in the State of Fic	02 and 617.1508, Florida Statute	es, the above-	named o	orporation subm	its this statement for the pure	FL [83]	
familiar v	tered agent, or both, in the State of Fic with, and accept the obligations of, Se	onda. Such change was authorizi ction 617.0503, Florida Statutes	ed by the corp	oration's	board of directi	ors. I hereby accept the appoir	itment as registe	ts registered of red agent. I am
IGNATURE								
2	Signature, typed or printed name of registered age	ent and title if applicable (NO	16. B					
· .			E Registered Age	Y. signature i	required when reinstati	ngi	DATE	
		ND DIRECTORS	13.	i'. Signafure i		ng) DITIONS/CHANGES TO OFFIC	DATE FRS AND DIREC	TORS IN 12
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