

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 26 1998 8:00am
Secretary of State

DOCUMENT # N94000004631 (7)

1. Corporation Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION VI, I
NC.



Principal Place of Business

Mailing Address

12501 CROSS CREEK BLVD
3
FORT MYERS FL 33912
US

12501 CROSS CREEK BLVD
FORT MYERS FL 33912
US

3. Date Incorporated or Qualified

09/16/1994

4. FEI Number

65-0525390

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 12501 CROSS CREEK BLVD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 FORT MYERS FL

28 FORT MYERS FL

24 Zip

25 Country

29 Zip

30 Country

24 33912

25 USA

29 33912

30 USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

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
FT 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 DP
NAME MCMURRAY, DARIN
STREET ADDRESS 10491 SIX MILE CYPRESS PKY, STE. 101
CITY-ST-ZIP FORT MYERS FL 33912

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME DARIN MCMURRAY
STREET ADDRESS 10491 SIX MILE CYPRESS PKY, STE. 101
CITY-ST-ZIP FORT MYERS FL 33912

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

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

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

Change Addition

TITLE PD
NAME JOE GRIMES
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT. MYERS FL 33912

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

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:

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

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