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Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003103 (6)

1. Corporation Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION VII,
INC.

Principal Place of Business

Mailing Address

10491 SIX MILE CYPRESS PARKWAY
SUITE 101
FT MYERS FL 3391210491 SIX MILE CYPRESS PARKWAY
SUITE 101
FT MYERS FL 33912-6406

3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12501 CROSS CREEK BLVD

26 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 33912

Country USA

Zip 33912

Country USA

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, ALAN R
10491 SIX MILE CYPRESS PARKWAY
~~SUITE 101~~
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 ☒ DELETE
NAME JEFFRIES, CAROLYN
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT MYERS FL 339121.1 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 33912TITLE DV ☐ DELETE
NAME MCMURRAY, DARIN
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT MYERS FL 339122.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DST ☐ DELETE
NAME BURNS, ALAN R
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT MYERS FL 339123.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 # 941-768-5888

Joseph Grimes 1-20-97 (941) 768-5888

CR2E037 (9/96)