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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

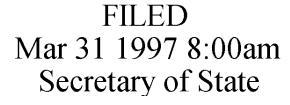
DOCUMENT #
1. Corporation Name

N96000003103 (6)

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION VII. INC.

Principal Place of Business

Mailing Address





10491 SIX MILE SUITE 101	CYPRESS PARKWAY	10491 SIX MILE CYPRESS PARKWAY SUITE 101						
FT MYERS FL	33912	FT MYERS FL 33912-6406			3. Date Incorporated or Qualified	3a. Date of Last	Donad	
						06/10/1996	Sa. Date of Last	neport
2. Principal Pl	ace of Business	2a. Mailing Address	<del></del> .			4. FEI Number	V A	Applied For
21 /250/	CROSS CREEK BLVD	26 /250/ CROS.	s cr	EEK	BLUD			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional
22 27						b. Certificate of Status Desired	Fee F	Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23 FORT		28 FORT MY				Trust Fund Contribution		to Fees
Zip 2 2 0	Country // SA	29 33912	Country USA			This corporation has liability for intengible tax under s. 199.032,		
24 339		1=-1	30				Yes No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Agent	
				B1 Nam	ө			
10491 SIX MILE CYPRESS PARKWAY					Street Address (P.O. Box Number is Not Acceptable)			
						, , , , , , , , , , , , , , , , , , , ,		
- SUITE-1	<del>01 -</del>			83				
FT MYERS FL 33912				84 City			<b>85</b> Zip	Code
				0,			FL   "	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the ab	ove-name	d corpor	ration submits this statement for the polysport of directors. I hereby acce	ourpose of changing	its registered
agent. I a	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			Agent signat	ure reculrad	when reinstating)	DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		(
TITLE	DP	<b>L</b> DELETE	1.1 TIT		1/	- Colmec	☐ Change	Addition 3
NAME	JEFFRIES, CAROLYN		1.2 NA		J'o	E GRIMES 191 SIX MILE CY	DOESS PK	WV I
STREET ADDRESS	10491 SIX MILE CYPRESS PAR	RKWAY	1.3 ST	EET ADDRES	S /07	141 SIX MILE OF	22012	·   }
CHY-ST-ZIP	FT MYERS FL 33912			Y-ST-ZIP	Fo	RT MYERS, PL	33912	}}
TITLE	DV	DELETE	2.1 1(1	LE			Change	Addition C
NAME	MCMURRAY, DARIN		2.2 NA	Mξ				
STREET ADDRESS	70.07 011 111122 017 11200 17 11200 17			reet addres	S			
CITY-ST-ZIP	FT MYERS FL 33912			ry-st-zip			· · · · · · · · · · · · · · · · · · ·	
TITLE	DST	DELETE	3.1 TIT	LE	1		L Change	Addition
NAME	BURNS, ALAN R		3.2 NA	ME				
STREET ADDRESS	10491 SIX MILE CYPRESS PAF	RKWAY	3.3 ST	REET ADDRES	s		1	
CITY-ST-ZIP	FT MYERS FL 33912		3.4. Cf	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TIT	LE			Change	Addition
NAME			4.2 N/	ME				
STREET ADDRESS			4.3 ST	REET ADDRES	S			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 T(T	LE			Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADORES	s			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE			Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRES	s			
€ITY-ST-ZIP				Y-ST-ZIP				
	by certify that the information supplied	with this filing does not quali			stated i	in Section 119.07(3)(i), Florida Statute	s. I further certify the	at 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: \_