2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24989

1. Entity Name

CROSS CREEK OF FORT MYERS CONDOMINIUM IV ASSOCIA

FILED May 07, 2001 8:00 am Secretary of State 05-07-2001 90059 018 ****61.25

Signature. Signature. Space or proton have of registered agent or the purpose of changing its registered Agent or registered agent, or both, in the state of Florida. WORKMAN, DAVID J PARAGON PROPERTY MANAGEMENT 6371-2 ARC WAY FORT MYERS FL 33912 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 Signature, space or proton have of registered agent and the Elapsitation. PILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS ITILE MANE SIFET ADDRESS OTFI-ST-2P FORT MYERS FL 33912 TILE MANE PORT MYERS FL 33912 TILE MANE PORT MYERS FL 33912 TILE MANE SIFET ADDRESS OTFI-ST-2P FT MYERS FL TILE MANE SIFET ADDRESS OTFI-ST-2P TILE MANE SIFET ADDRESS OTF										
FILE NOWS FEE IS \$61.25 FILE NORTH SPECIAL PROPERTY MANAGEMENT STYLE ARC MAY FORT MYERS PL 33912 FILE NOWS FEE IS \$61.25 FILE NOWS FEE IS \$61.2	Principal Plac	ce of Business	Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	FORT MYERS FL 33912 FT. MYERS FL 33906-1358				;	, (88 1))41	815 1(5 (1 8 (218 2818) 18	110 1011 6 1011 818:	(6 6 8 6 8	
City & State Country Country S. Countract of Status Desired September Sep	2. Principal I	Place of Business	3. Mailing Address							
Zip Country Zip Country S. Cardicate of Status Desired \$8.75 Additional fee Regulated \$9.75 Additional fee Regulated	Suite, Apt	#, etc.	Suite, Apt. #, etc.			-				
Zip Country Zip Country S. Cardicate of Status Desired \$8.75 Additional fee Regulated \$9.75 Additional fee Regulated	City 8 Sto	to.	City & State			4 FEI Number				
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nome Nome Street Address (P.O. Box Number is Not Acceptable) PARAGEON PROPERTY MANAGEMENT 6371-2 ARC WAY FORT MYERS FL 33912 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 Floride. SIGNATURE FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS In. OFFICERS AND DIRECTORS In. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State ORDER MAKE SIGNAL PROPERTY MANAGEMENT INSURANCE OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WAKE SIGNATURE OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WAKE SIGNAL PROPERTY MANAGEMENT INSURANCE OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WAKE SIGNATURE OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of State OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Department of St	Ony & State		City & State			4. TEINGINDEI	65-0104929). 		ot Applicable
6. Name and Address of Current Registered Agent Nome WORKMAN, DAVID J PARAGON PROPERTY MANAGEMENT 6371-2 ARC WAY FORT MYERS FL 33912 City :: 3 FL Zip Code 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 FILE NOW: FILE NOW: FEE IS \$61.25 FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS Trust Fund Contribution THE MAKE GREENSLADE, STANLEY GREENSLADE, GREENSLADE, GREENSLADE GREENSLADE, GREENSLADE GREENSLADE, GREENSLADE GREE	Zip	Country	Zip	Country	ĺ	5. Certificate o	f Status Desired			
WORKMAN, DAVID J PARAGON PROPERTY MANAGEMENT 8371-2 ARC WAY FORT MYERS FL 33912 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 Signature typos or orimer neer of registering agent, or both, in the state of Florida. Signature typos or orimer neer of registering agent, or both, in the state of Florida. Signature typos or orimer neer of registering agent, or both, in the state of Florida. Signature typos or orimer neer of registering agent, or both, in the state of Florida. Signature typos or orimer neer of registering agent, or both, in the state of Florida. Signature typos or orimer neer of registering agent, or both, in the state of Florida. Signature typos or orimer neer of registering agent, or both, in the state of Florida. CATE		6. Name and Address of Current	Registered Agent		• • •	7. Name and A	Address of New F			
PARAGON PROPERTY MANAGEMENT 8371-2 ARC WAY FORT MYERS FL 33912 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Floride. FILE NOW:				Name	e				p ****	
### FIRET ADDRESS Part MYERS FL 33912 City FL Zip Code ### Added to Fees ### Make Check Payable to Department of State ### Department of State ### PL Zip Code ### Added to Fees ### Make Check Payable to Department of State ### PL Zip Code ### Added to Fees ### Make Check Payable to Department of State ### PL Zip Code ### Added to Fees ### Make Check Payable to Department of State ### Make Check Payable to Department of State ### PL Zip Code ### Added to Fees ### Make Check Payable to Department of State ### PL Zip Code ### Added to Fees ### Make Check Payable to Department of State ### PL Zip Code ### Added to Fees ### Make Check Payable to Department of State ### Make Check Payable to Department of State ### PL Zip Code ### Added to Fees ### Make Check Payable to Department of State ### PL Zip Code ### Added to Fees ### Make Check Payable to Department of State ### Added to Fees ### Add	PARAGO	N PROPERTY MANAGEMENT		Stree	t Address (F	P.O. Box Number	is Not Acceptable	e)		
SIGNATURE Signature: typed or printed name of registered agent and stee if applicable. (NOTE: Registered Agent squeave required when reinstating) DATE				City				FL	Zip Cod	ie
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D		-	, , , , , , , , , , , , , , , , , , , ,							
TITLE MAMME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET		1 22 10 401.20								
GREENSLADE, STANLEY 13021 CROSS CREEK BLVD 38 FORT MYERS FL 33912 TITLE PD NAME FOSTER, VIRGIL STREET ADDRESS 13021 CROSS CREEK BLVD 31 FT MYERS FL TITLE VPD Delete TITLE VPD Delete TITLE VPD Delete TITLE TITL	10.	OFFICERS AND DIR	ECTORS	11.			NGES TO OFFICE			N 10
TITLE PD STER, VIRGIL STREET ADDRESS 13021 CROSS CREEK BLVD 31 STREET ADDRESS CITY-ST-ZIP FT MYERS FL STD Delete STREET ADDRESS CITY-ST-ZIP FT MYERS FL S3912 STREET ADDRESS FT. MYERS FL S3912 STREET ADDRESS FT. MYERS FL S3912 STREET ADDRESS CITY-ST-ZIP FT MYERS FL S3912 STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS STREET A	NAME STREET ADDRESS	GREENSLADE, STANLEY 13021 CROSS CREEK BLVD 38	☐ Delete	NAME STREET ADDRES		D		Σ	Change	☐ Addition
CITY-ST-ZIP FT MYERS FL VPD		PD FOSTER, VIRGIL	₹ Delete		Dur					Addition
AAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM			ي يوخوجون د		Ft	Myers,	s Creek FL 33912			1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ZANNINI, BENITO 13021 CROSS CREEK BLVD #59		NAME STREET ADDRES		1		Х	Change	☐ Addition
TITLE D Change ALLEN, RICHARD A STREET ADDRESS 13021 CROSS CREEK BLVD., #43 STREET ADDRESS T. MYERS FL 33912 TITLE Change ACCORD Change Change ACCORD Change	NAME Street address	CALAS, ROBERT 13021 CROSS CREEK BLVD #33		NAME Street Addres	ss				☐ Change	☐ Addition
TITLE Delete TITLE Change AC NAME STREET ADDRESS STREET ADDRESS	NAME Street Address	D ALLEN, RICHARD A 13021 CROSS CREEK BLVD., #4		NAME STREET ADDRES	Mea: 130	91 Cross	Creek 1			X Addition
	NAME STREET ADDRESS		.∕ □ Delete	NAME STREET ADDRES		TIY CAS, I		l	Change .	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 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: