

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32445 (1)
1. Corporation Name
COUNTRYSIDE HOMEOWNERS ASSOCIATION IV, INC.

Principal Place of Business Mailing Address
7130 COLLEGE PARKWAY 7130 COLLEGE PARKWAY
SUITE A SUITE A
FT MYERS FL 33907 FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/22/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0125927	Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 12734 Kennwood Ln Suite, Apt. #, etc. 22 Suite 49 City & State 23 Ft Myers, FL Zip 24 33907	2a. Mailing Address 26 12734 Kennwood Ln Suite, Apt. #, etc. 27 Suite 49 City & State 28 Ft Myers, FL Zip 29 33907
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9. Name and Address of Current Registered Agent
SPIRES, JAMES W CPA
7130 COLLEGE PARKWAY
SUITE A
FT. MYERS FL 33907

10. Name and Address of New Registered Agent	
81 Name SPIRES, JAMES W. C.P.A.	
82 Street Address (P.O. Box Number is Not Acceptable) 12734 KENNWOOD LANE STE 49	
83 City Fort Myers	
84 State FL	85 Zip Code 33907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE James W. Spires C.P.A. Date 3-16-95
(NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PADEN, PHILLIP
STREET ADDRESS	125 ST. JAMES WAY
CITY-STATE-ZIP	NAPLES FL
TITLE	VD
NAME	SOHORE, GORDON
STREET ADDRESS	121 ST. JAMES WAY
CITY-STATE-ZIP	NAPLES FL
TITLE	STD
NAME	COKOROGAINS, GEORGE
STREET ADDRESS	149 ST. JAMES WAY
CITY-STATE-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD ☒ Change ☐ Addition
1.2 NAME	Buttros, Paul
1.3 STREET ADDRESS	153 ST. JAMES WAY
1.4 CITY-STATE-ZIP	NAPLES, FL
2.1 TITLE	VD ☒ Change ☐ Addition
2.2 NAME	PADEN PHILIP
2.3 STREET ADDRESS	125 ST JAMES WAY
2.4 CITY-STATE-ZIP	NAPLES FL
3.1 TITLE	STD ☒ Change ☐ Addition
3.2 NAME	PADEN idella
3.3 STREET ADDRESS	125 ST. JAMES WAY
3.4 CITY-STATE-ZIP	NAPLES FL 33942
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Date 3/9/95 Daytime Phone 813-455-1291