FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48076 (6)

1. Corporation Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION IV, I NC.

Principal Place of Business	Mailing Address
10491 SIX MILE CYPRESS SUITE 101 FT MYERS FL 33912 US	10491 SIX MILE CYPRESS SUITE 101 FT MYERS FL 33912 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0323427 ☐ 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)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

UPTON, BRUCE
10491 SIX MILE CYPRESS PKWY
SUITE 101
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: BURNS, ALAN R.
82 Street Address (P.O. Box Number is Not Acceptable): 10491 SIX MILE CYPRESS PKWY
83
84 City: FORT MYERS FL 85 Zip Code: 33912

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: [signature] (ALAN R. BURNS) 4/24/95
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	MCMURRAY, DARIN	12 NAME		
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	13 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VP/D	☒ Change ☐ Addition
NAME	PERSICHILLI, ANTHONY	22 NAME	WILSON, JOHN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	23 STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	STD	31 TITLE	S/T/D	☒ Change ☐ Addition
NAME	UPTON, BRUCE	32 NAME	BURNS, ALAN R	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	33 STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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] (ALAN R. BURNS) 4/24/95 1-813-278-1177
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR Date Daytime Phone #

0016377