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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N48076 (6)

1. Corporation Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION IV, I NC.

Principal Place of Business	Mailing Address
12501 CROSS CREEK BLVD. FT MYERS FL 33912 US	12501 CROSS CREEK BLVD. FT MYERS FL 33912-4677 US

3. Date Incorporated or Qualified: 03/25/1992
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DEVECCHIS, JOSEPH M
12501 CROSS CREEK BLVD.
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

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	D	☐ DELETE	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	DEMARCOY, JOSEPH V		1.2 NAME	JOE DEMARCO	
STREET ADDRESS	12501 CROSS CREEK BLVD		1.3 STREET ADDRESS	12501 CROSS CREEK BLVD	
CITY-ST-ZIP	FT MYERS FL 33912		1.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	☐ DELETE	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	BRIGGS, LAURIE R		2.2 NAME	LAURIE BRIGGS	
STREET ADDRESS	12501 CROSS CREEK BLVD		2.3 STREET ADDRESS	12501 CROSS CREEK BLVD	
CITY-ST-ZIP	FT MYERS FL 33912		2.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	☐ DELETE	3.1 TITLE	S/T/D	☑ Change ☐ Addition
NAME	GONZALEZ, PHILIP		3.2 NAME	PHILIP GONZALEZ	
STREET ADDRESS	12501 CROSS CREK BLVD		3.3 STREET ADDRESS	12501 CROSS CREEK BLVD	
CITY-ST-ZIP	FT MYERS FL 33912		3.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Joseph V. DeMarco 1-17-97 (941) 768-5900