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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48076

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
US



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26 6206 St Andrews Cir N	03/25/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0323427
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28 Ft Myers FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution <input type="checkbox"/>
24	29 33919	30 USA
Country	Country	
25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADDRESS CHANGE

DEVECCHIS, JOSEPH M

~~12501 CROSS CREEK BLVD.~~

~~FT MYERS FL 33912~~

6206 St Andrews Cir
Ft Myers FL 33919

81 Name Joseph M. DeVecchis

82 Street Address (P.O. Box Number is Not Acceptable)

83 6206 St Andrews Cir N

84 City Fort Myers FL 85 Zip Code 33919

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 Joseph M. DeVecchis Joseph M. DeVecchis 3-15-99

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 <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARCO, JOSEPH	12 NAME	
STREET ADDRESS	12501 CROSS CREEK BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	14 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGS, LAURIE R	22 NAME	Ted Ashley
STREET ADDRESS	12501 CROSS CREEK BLVD	23 STREET ADDRESS	12501 Cross Creek Blvd
CITY-ST-ZIP	FT MYERS FL 33912	24 CITY-ST-ZIP	Ft Myers FL 33912
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, PHILIP	32 NAME	
STREET ADDRESS	12501 CROSS CREEK BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33912	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Joseph V. DeMarco Joseph V. DeMarco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 (941) 561-2838

Date

Daytime Phone #

CR2E037 (11/98)