

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48076

1. Entity Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION IV, I

Principal Place of Business

12501 CROSS CREEK BLVD.
FT MYERS FL 33912
US

Mailing Address

X 6206 ST ANDREWS CIR N
FT MYERS FL 33919-1718
US

2. Principal Place of Business

3. Mailing Address

12750 Dresden Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Myers, FL

Zip

Country

Zip

Country

33912-4663 Lee

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVECCHIS, JOSEPH M
6206 ST. ANDREWS CIR
FT. MYERS FL 33919

Name

Ted Ashley

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

12750 Dresden Court

City

Fort Myers

FL

Zip Code

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

Ted Ashley Ted Ashley Sec/Treas.

March 21, 2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEMARCO, JOSEPH	
STREET ADDRESS	12501 CROSS CREEK BLVD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ASHLEY, TED	
STREET ADDRESS	12501 CROSS CREEK	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, PHILIP	
STREET ADDRESS	12501 CROSS CREEK BLVD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Shea	
STREET ADDRESS	12501 Cross Creek Blvd.	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Max Miller	
STREET ADDRESS	12501 Cross Creek Blvd.	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Ashley	
STREET ADDRESS	12501 Cross Creek Blvd.	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ted Ashley Ted Ashley

March 21, 2000

941-768-5213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)