

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N48076**

1. Entity Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION IV, I**FILED****Apr 09, 2001 8:00 am**
Secretary of State

04-09-2001 90054 003 ****61.25

Principal Place of Business

12501 CROSS CREEK BLVD.
FT MYERS FL 33912
US

Mailing Address

12750 DRESDEN CT.
FORT MYERS FL 33912-4663
US

00020040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0323427

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHLEY, TED
12750 DRESDEN COURT
FORT MYERS FL 33912

Name

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

City

FL

Zip Code

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. April 5, 2001
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 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD SHEA, JACK 12501 CROSS CREEK BLVD FORT MYERS FL 33912		<input type="checkbox"/>			<input type="checkbox"/>
VD MILLER, MAX 12501 CROSS CREEK BLVD FT MYERS FL 33912		<input type="checkbox"/>			<input type="checkbox"/>
TSD ASHLEY, TED 12501 CROSS CREEK BLVD FT MYERS FL 33912		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 April 5, 2001 941-768-5213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)