

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 14, 2001 08:00 AM****Secretary of State****DOCUMENT # N92000000362****1. Entity Name**MARSH LANDING AT SAWGRASS HOMEOWNERS ASSOCIATION IV, I
NC.**Principal Place of Business**4400 MARSH LANDING BLVD
STE 3
PONTE VEDRA BEACH
32082 US**Mailing Address**4400 MARSH LANDING BLVD
STE 3
PONTE VEDRA BEACH
32082 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3189060**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**JEROME S FLETCHER
1548 THE GREENS WAY
SUITE 4
JACKSONVILLE BEACH
32250 US FL**7. Name and Address of New Registered Agent****Name**

JEROME S FLETCHER

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

1548 THE GREENS WAY

SUITE 4

City

JACKSONVILLE BEACH

FLZip Code
32250**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 JEROME S. FLETCHER****03/14/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	DVT	<input type="checkbox"/> Delete
NAME	MELCHING STEVE	
STREET ADDRESS	4400 MARSH LANDING BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FLETCHER PAUL	
STREET ADDRESS	4400 MARSH LANDING BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HUTCHINSON FRANCES	
STREET ADDRESS	4400 MARSH LANDING BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELCHING STEVE	
STREET ADDRESS	4400 MARSH LANDING BLVD. STE 3	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER PAUL	
STREET ADDRESS	4400 MARSH LANDING BLVD. STE 3	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON FRANCES	
STREET ADDRESS	4400 MARSH LANDING BLVD. STE 3	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
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)(f), 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: STEPHEN D. MELCHING**

VT

03/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)