

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764589 (8)
1. Corporation Name
RIVER OAKS CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business % UNIVERSITY PROPERTIES, INC. 824 E-FLETCHER AVE TAMPA FL 33612	Mailing Address % UNIVERSITY PROPERTIES, INC. 824 E-FLETCHER AVE TAMPA FL 33612
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3. Date Incorporated or Qualified 08/18/1982	
4. FEI Number 59-2232560	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 7001 Temple Terrace Hwy. Suite, Apt. #, etc.	2a. Mailing Address 26 7001 Temple Terrace Hwy. Suite, Apt. #, etc.
22	27
23 Temple Terrace, Fl. City & State	28 Temple Terrace, Fl. City & State
24 33637 Zip	29 33637 Zip
25 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LERNER, PATRICIA L
606 MADISON
STE. 2001
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESSEN MACHER, RONALD	
STREET ADDRESS	4993 PURITAN CIR	
CITY-ST-ZIP	TEMPLE TERR, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, POWELL	
STREET ADDRESS	7880 NIAGRA AVE.	
CITY-ST-ZIP	TEMPLE TERR, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEACH, LEWIS	
STREET ADDRESS	3908 VERSAILLES AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIELDS, HUGH	
STREET ADDRESS	1632 SEABREEZE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, HUBERT	
STREET ADDRESS	13620 LAKE MAGDALENE BLVD., #412	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *[Signature]* 1/21/98

CR2E037 (10/97)