


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90139 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764589**

1. Corporation Name

RIVER OAKS CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business

7001 TEMPLE TERR HWY  
 TEMPLE TERRACE FL 33637  
 US

Mailing Address

7001 TEMPLE TERR HWY  
 TEMPLE TERRACE FL 33637  
 US

273723-90060-46 3



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		08/18/1982	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				59-2232560	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24. Zip		29. Country		30. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LERNER, PATRICIA L 606 MADISON STE. 2001 TAMPA FL 33602				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESSEN MACHER, RONALD		1.2 NAME		
STREET ADDRESS	4993 PURITAN CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERR, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDERSON, POWELL		2.2 NAME	D. Miyares, Joy	
STREET ADDRESS	7860 NIAGRA AVE.		2.3 STREET ADDRESS	4959 Puritan Circle	
CITY-ST-ZIP	TEMPLE TERR, FL 00000		2.4 CITY-ST-ZIP	Tampa, Fla 33617	
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEACH, LEWIS		3.2 NAME		
STREET ADDRESS	3908 VERSAILLES AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIELDS, HUGH		4.2 NAME		
STREET ADDRESS	1632 SEABREEZE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, HUBERT		5.2 NAME		
STREET ADDRESS	13620 LAKE MAGDALENE BLVD., #412		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE *Hubert Smith* / Sec 1-13-98 813-980-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)