

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766413 (9)
1. Corporation Name
OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. IV, INC.



Principal Place of Business: 400 OCEAN TRAIL WAY SUITE 400 JUPITER FL 33477
Mailing Address: 400 OCEAN TRAIL WAY SUITE 400 JUPITER FL 33477 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1983	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2221530	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
BROWN, RONALD 400 OCEAN TRAIL WAY APT. 607 JUPITER FL 33477				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BROWN, RONALD 400 OCEAN TRAIL WAY APT. 607 JUPITER FL 33477				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	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: *Ronald M. Brown* DATE: 4-8-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: RIPA, LOUIS	1.1 TITLE: V/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 400 OCEAN TRAIL WAY #1306	CITY-ST-ZIP: JUPITER FL	1.2 NAME: Ripa, Louis	
TITLE: D	NAME: SELLE, JOHN	1.3 STREET ADDRESS: 400 Ocean Trail Way, # 1306	
STREET ADDRESS: 400 OCEAN TRAIL WAY #806	CITY-ST-ZIP: JUPITER FL	1.4 CITY-ST-ZIP: Jupiter FL	
TITLE: VD	NAME: BYRNE, E. ROBERT	2.1 TITLE: D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 400 OCEAN TRAIL WAY 1303	CITY-ST-ZIP: JUPITER, FL 00000	2.2 NAME: William J. Miners	
TITLE: S	NAME: FREEMAN, ROZ	2.3 STREET ADDRESS: 400 Ocean Trail Way, Apt. 1209	
STREET ADDRESS: 400 OCEAN TRAIL WAY 509	CITY-ST-ZIP: JUPITER FL	2.4 CITY-ST-ZIP: Jupiter, FL	
TITLE: PD	NAME: BROWN, RONALD	3.1 TITLE: D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 400 OCEAN TRAIL WAY 607	CITY-ST-ZIP: JUPITER FL	3.2 NAME: Dulzo, Charles V.	
TITLE: D	NAME: MCGUIRE, CHARLES	3.3 STREET ADDRESS: 400 Ocean Trail Way, Apt. 708	
STREET ADDRESS: 400 OCEAN TRAIL WAY, APT 109	CITY-ST-ZIP: JUPITER FL	3.4 CITY-ST-ZIP: Jupiter, FL 33477	
		4.1 TITLE: D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
		4.2 NAME: Cronin, James J.	
		4.3 STREET ADDRESS: 400 Ocean Trail Way, Apt. 1107	
		4.4 CITY-ST-ZIP: Jupiter, FL	
		5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE: T/D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME: Mc Guire, Charles	
		6.3 STREET ADDRESS: 400 Ocean Trail Way	
		6.4 CITY-ST-ZIP: Jupiter FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(k), 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: *Ronald M. Brown* DATE: 4/5/96

CR2E037 (12/95)