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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33477-5552 US
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3. Date Incorporated or Qualified 01/05/1983	3a. Date of Last Report 04/11/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2221530	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BROWN, RONALD
400 OCEAN TRAIL WAY
APT. 607
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name RIPA, LOUIS C.
82 Street Address (P.O. Box Number is Not Acceptable) 400 OCEAN TRAIL WAY
83 APT. 1306
84 City JUPITER
85 Zip Code FL 33477

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: *[Signature]* **Louis C. Ripa President** **April 8, 1997**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE VD	<input type="checkbox"/> DELETE
NAME RIPA, LOUIS	
STREET ADDRESS 400 OCEAN TRAIL WAY, #1306	
CITY-ST-ZIP JUPITER FL	
TITLE D	<input type="checkbox"/> DELETE
NAME WILLIAM J MINERS	
STREET ADDRESS 400 OCEAN TRAIL WAY, APT. 1209	
CITY-ST-ZIP JUPITER FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DULZO, CHARLES V	
STREET ADDRESS 400 OCEAN TRAIL WAY, APT 708	
CITY-ST-ZIP JUPITER FL	
TITLE S	<input type="checkbox"/> DELETE
NAME FREEMAN, ROZ	
STREET ADDRESS 400 OCEAN TRAIL WAY 509	
CITY-ST-ZIP JUPITER FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME BROWN, RONALD	
STREET ADDRESS 400 OCEAN TRAIL WAY 607	
CITY-ST-ZIP JUPITER FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME MCGUIRE, CHARLES	
STREET ADDRESS 400 OCEAN TRAIL WAY	
CITY-ST-ZIP JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME RIPA, LOUIS C.	
1.3 STREET ADDRESS 400 OCEAN TRAIL WAY #1306	
1.4 CITY-ST-ZIP JUPITER, FL33477	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MINERS, WILLIAM J.	
2.3 STREET ADDRESS 400 OCEAN TRAIL WAY #1209	
2.4 CITY-ST-ZIP JUPITER, FL 33477	
3.1 TITLE S/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME FREEMAN, ROSLYN	
3.3 STREET ADDRESS 400 OCEAN TRAIL WAY #509	
3.4 CITY-ST-ZIP JUPITER, FL 33477	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME BROWN, RONALD	
4.3 STREET ADDRESS 400 OCEAN TRAIL WAY #607	
4.4 CITY-ST-ZIP JUPITER, FL 33477	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME DULZO, CHARLES L.	
5.3 STREET ADDRESS 400 OCEAN TRAIL WAY #708	
5.4 CITY-ST-ZIP JUPITER, FL 33477	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME CRONIN, JAMES J.	
6.3 STREET ADDRESS 400 OCEAN TRAIL WAY #1107	
6.4 CITY-ST-ZIP JUPITER, FL 33477	

14. I do 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]* **Louis C. Ripa President** **4/8/97** **(561) 744-1144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044506

CR2E037 (9/96)