


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90056 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766413

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/05/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2221530
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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		10. Name and Address of New Registered Agent	
BILLIAN, RICHARD H 400 OCEAN TRAIL WAY SUITE 400 JUPITER FL 33477		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RD RIPA, LOUIS C	1.2 NAME	Pres. Charles Maguire
STREET ADDRESS	400 OCEAN TRAIL WAY, #1306	1.3 STREET ADDRESS	400 OCEAN TRAIL, # 109
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD WILLIAM J MINERS	2.2 NAME	V. Pres Stanley Zdep
STREET ADDRESS	400 OCEAN TRAIL WAY, APT. 1209	2.3 STREET ADDRESS	400 OCEAN TRAIL WAY # 903
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STD FREEMAN, ROSLYN	3.2 NAME	SEC. MARCIA BOND
STREET ADDRESS	400 OCEAN TRAIL WAY 509	3.3 STREET ADDRESS	400 OCEAN TRAIL WAY # 1006
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Jupiter FL 33477
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BROWN, RONALD	4.2 NAME	TRIA. LESLIE LOOMIS
STREET ADDRESS	400 OCEAN TRAIL WAY 607	4.3 STREET ADDRESS	400 OCEAN TRAIL WAY # 1202
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D DULZO, CHARLES	5.2 NAME	D John C. McGinn
STREET ADDRESS	400 OCEAN TRAIL WAY 708	5.3 STREET ADDRESS	400 OCEAN TRAIL WAY # 604
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CRONIN, JAMES J	6.2 NAME	
STREET ADDRESS	400 OCEAN TRAIL WAY 1107	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	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: _____ DATE: 1/15/99 (561) 744-1144
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)