

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90072 039 ****61.25

DOCUMENT # 766413

1. Entity Name

OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. IV, INC.

Principal Place of Business

Mailing Address

400 OCEAN TRAIL WAY
 SUITE 400
 JUPITER FL 33477

400 OCEAN TRAIL WAY
 SUITE 400
 JUPITER FL 33477

00007862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2221530

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BILLIAN, RICHARD H
400 OCEAN TRAIL WAY
SUITE 400
JUPITER FL 33477

Name

Maguire, Charles V.

Street Address (P.O. Box Number is Not Acceptable)

400 Ocean Trail Way #109

City
Jupiter

FL

Zip Code
33477

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Charles V. Maguire, Pres.

1/13/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **RIPA, LOUIS C**
 STREET ADDRESS **400 OCEAN TRAIL WAY, #1306**
 CITY-ST-ZIP **JUPITER FL**

TITLE **S** Change Addition
 NAME **Forsyth, George J.**
 STREET ADDRESS **400 Ocean Trail Way #204**
 CITY-ST-ZIP **Jupiter, FL**

TITLE **P** Delete
 NAME **MAGUIRE, CHARLES**
 STREET ADDRESS **400 OCEAN TRAIL, # 109**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** Change Addition
 NAME **Bond, Marcia**
 STREET ADDRESS **400 Ocean Trail Way #1006**
 CITY-ST-ZIP **Jupiter, FL**

TITLE **VP** Delete
 NAME **ZDEP, STANLEY**
 STREET ADDRESS **400 OCEAN TRAIL WAY #903**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** Change Addition
 NAME **Silvers, S. Harold**
 STREET ADDRESS **400 Ocean Trail Way #501**
 CITY-ST-ZIP **Jupiter, FL**

TITLE **D** Delete
 NAME **BROWN, RONALD**
 STREET ADDRESS **400 OCEAN TRAIL WAY 607**
 CITY-ST-ZIP **JUPITER FL**

TITLE **D** Change Addition
 NAME **von Brugger, Laurie**
 STREET ADDRESS **400 Ocean Trail Way #1309**
 CITY-ST-ZIP **Jupiter, FL**

TITLE **S** Delete
 NAME **BOND, MARCIA**
 STREET ADDRESS **400 OCEAN TRAIL WAY # 1006**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **LOOMIS, LESLIE**
 STREET ADDRESS **400 OCEAN TRAIL WAY # 1202**
 CITY-ST-ZIP **JUPITER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George J. Forsyth

1/13/00 561-744-114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)