

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733638** (1)
1. Corporation Name
HIGHLAND LAKES CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business C/O INFINITE PROPERTY MANAGEMENT, INC. STE 172 LARGO FL 33770 US	Mailing Address C/O INFINITE PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD. SUITE 110 LARGO FL 33770 US
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3. Date Incorporated or Qualified 08/22/1975	
4. FEI Number 59-1616964	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 C/O Sterling Mgmt Inc Suite, Apt. #, etc. 22 1301 Seminole Blvd STE 172 City & State 23 Largo FL Zip 24 33770	2a. Mailing Address 26 C/O Sterling Mgmt Inc Suite, Apt. #, etc. 27 1301 Seminole Blvd STE 172 City & State 28 Largo FL Zip 29 33770
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent STERLING MANAGEMENT INC 1301 SEMINOLE BLVD., STE-172 STE 172 LARGO FL 34640-5183-33770
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 **Darren K Shaw** (NOTE: Registered Agent signature required when reinstating) DATE **1/14/98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIX, KEN 2712-A WHITEBRIDGE PALM HARBOR, FL 00000 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERICKSON, ROY 2638-B HIGHLANDS BLVD PALM HARBOR, FL 00000 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRIS MULDOON 2630 B HIGHLAND BLVD PALM HARBOR, FL 00000 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRASINSKI, ED 2638 D HIGHLANDS BLVD PALM HARBOR FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISABELLA, FRED 1309-B WHITEBRIDGE DR PALM HARBOR FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **R Kenneth C Fix** 1/16/98 813 585-6477

CR2E037 (10/97)