## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90150 010 \*\*\*\*61.25

## **DOCUMENT # 733638**

1. Corporation Name

	HIGHLAN	ID LAKES	CUNDUMINIUM	IV ASSUCI	ATION, INC.								
Pi	Principal Place of Business Mailing Address						****						
C/O STERLING MGMT INC C/O 1301 SEMINOLE BLVD. STE 172 130					C/O STERLING MGMT INC 1301 SEMINOLE BLVD. STE 172 LARGO FL 33770 US								
2.	Principal Pl	ace of Busin	ess	<b>├</b> ──	2a. Mailing Address				3. Date Incorporated or Qua	lifed	··		
21				26					08/22/1975 4. FEI Number		1	olied For	
<u>_</u>	Suite, Apt. #, etc.				Suite, Apt. #, etc.				59-16.16964		1	Applicable_	
22					City & State				35710.10304=	<del></del>	\$8.75 A		
23	City & State			— · · ·	28				5. Certifcate of Status Desired Fee Required				
25	Zip					Country			6. Election Campaign Financing \$5.00 May Be				
24	,	25 29 30				0		Ì	Trust Fund Contribution	· ⊔	Added to Fees		
Ë		and Address of Curre	ent Registered A	Agent				10. Name and Address of N	ew Registered	Agent			
							81 Name	DOK	STOOPS C/O	STERLIN	NG M	GT	
STERLING MANAGEMENT INC							82 Street	Address	(P.O. Box Number is Not Ac	ceptable)		<del></del>	
	1301 SEMINOLE BLVD STE 172							301	S (P.O. Box Number is Not Ac S CM I NOLE	<u> BIUD.</u>			
STE 172							83	<u> </u>	TE 172				
LARGO FL 33770							O.A. City			· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode _	
										FL	.     37	37/0 I	
11. Pursuant to the provisions of Sections 17,0802 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region office or registered agent or both, by the state of provide Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with any accept the provider Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with any accept the provider such as the provider of the purpose of changing its register.											registered Jistered		
	agent. I am familiar with and accept the obligation of Section 647.0503, Florida S									1-26-9	79	1	
SIGNATURE (NOTE BY							Anent signature	required wh	nen reinstation)	DATE	' <b>'</b>		
1	Synature, typed or printed name of registered agent and title if applicable (NOTE: F 12. OFFICERS AND DIRECTORS						red Agent signature required when reinstating)  DATE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
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			GHLANDS BLVD				REET ADDRESS						
0.7			LIVICALEIA OCC			7.00		1				•	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

PALM HARBOR FL

ISABELLA, FRED

PALM HARBOR FL

1309-B WHITEBRIDGE DR

Change

☐ Change

Addition

☐ Addition