2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # 733638 1. Entity Name Highland Lakes Condominium IV 05-22-2001 90052 018 \*\*\*\*61.25 ASSOCIATION, Inc Principal Place of Business Mailing Address Stepling Management, Inc 770484 Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Fór Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sterling Mahagement, Inc. Street Address (P.O. Box Number is Not Acceptable) 2880 Scherer Drive, Suite 840 St. Petershurg, Florida, 33716 Zip Code City 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Addition Change TITLE Delete Chris muldoon NAME NAME 2630-B Highlands Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additicn Change Roger Lathrop STREET ADDRESS 2716-C whitebridge Dr. STREET ADDRESS CITY ST-ZIP CITY-ST-ZIE Change - Addition TITLE TITLE Allen Dechamp NAME NAME 1313-D whitebridge Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ralm Harbar Change Addition TITLE TITLE NAME Millie Baltaglia STREET ADDRESS STREET ADDRESS 2726-C whitebridge Dr. CITY-ST-ZIP CITY-ST-ZIP Palm Harbor, FL 346 Change ☐ Addition TITLE TITLE fred Isabella NAME NAME STREET ADDRESS STREET ADDRESS 1309-B Whitebridge Dr. Ralm Harbon FL 34684 CITY - ST - ZIP CITY-ST-ZIP Addition, Change TITLE Itenry Danilauski STREET ADDRESS 1519 W. Darchester Dr. STREET ADDRESS CITY - ST- 7IP 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 in changed, or on an attachment with an address, with all other like empowered? SIGNATURE: