

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733638

1. Entity Name

HIGHLAND LAKES CONDOMINIUM IV ASSOCIATION, INC.

FILED

Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90295 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O STERLING MGMT INC  
2880 SCHERER DRIVE STE 840  
SAINT PETERSBURG FL 33716  
US

C/O STERLING MGMT INC  
2880 SCHERER DRIVE STE 840  
SAINT PETERSBURG FL 33716  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1616964

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

STOOPS, MARK  
C/O STERLING MGT  
2880 SCHERER DRIVE STE 840  
SAINT PETERSBURG FL 33716

Name Joseph P. Cianfrone  
Street Address, P.O. Box Number is Not Acceptable  
1968 Bayshore Blvd  
City Dunedin FL Zip Code 34698

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	SD BATTAGLIA, MILLIE 2726-C WHITEBRIDGE DRIVE PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRIS MULDOON 2630 B HIGHLAND BLVD PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANILAWSKI, HENRY 1519 W DORCHESTER DRIVE PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISABELLA, FRED 1309-B WHITEBRIDGE DR PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Director</del> <del>Dechamp, Allen</del> <del>1313D Whitebridge Dr</del> <del>Palm Harbor FL 34684</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Churchill, Leon 2638A Highlands Blvd Palm Harbor FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dechamp, Allen 1313D Whitebridge Dr Palm Harbor FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Christina Muldoon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02 727-299-9555

Date

Daytime Phone #

CR2E037 (9/01)