

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90001 028 ****61.25

DOCUMENT # 733638

1. Entity Name

HIGHLAND LAKES CONDOMINIUM IV ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

2870 SCHERER DR. N.
100
SAINT PETERSBURG FL 33716
US

2870 SCHERER DR. N.
100
SAINT PETERSBURG FL 33716
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1616964

Applied For

Not Applicable

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

CIAFRONE, JOSEPH R
1964 BAYSHORE BLVD
DUNEDIN FL 34698

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph R Ciafrone

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME KMSINSKI, ED
STREET ADDRESS 2638-D HIGHLANDS BLVD
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VP ☐ Delete
NAME VLCEK, ROY
STREET ADDRESS 2726-A WHITEBRIDGE DR
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VP ☐ Delete
NAME FIX, KENNETH
STREET ADDRESS 2717-A WHITEBRIDGE DR
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE P ☐ Delete
NAME CHURCHILL, LEON
STREET ADDRESS 2638A HIGHLANDS BLVD
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T DE CHAMP ☐ Delete
NAME DE CHAP, ALLEN
STREET ADDRESS 13130 WHITE BRIDGE DR
CITY-STATE-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Leon Churchill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/07 727-781-4298