

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90011 028 ****61.25

DOCUMENT # 733638

1. Entity Name
HIGHLAND LAKES CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business
**2870 SCHERER DR. N.
100
SAINT PETERSBURG, FL 33716 US**

Mailing Address
**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

01142008 Chg-NP CR2E037 (12/06)

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

**CIANFRONE, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KMSINSKI, ED
2638-D HIGHLANDS BLVD
PALM HARBOR, FL 34684** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KATHLEEN WAGNER
2726 WHITEBRIDGE DR.
PALM HARBOR, FL 34684** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RAYMOND VLCEK
2726A WHITEBRIDGE DR.
PALM HARBOR, FL 34685** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RAYMOND VLCEK
2726A WHITEBRIDGE DR.
PALM HARBOR, FL 34685** ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHURCHILL, LEON
2638A HIGHLANDS BLVD
PALM HARBOR, FL 34684** ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DE CHAP, ALLEN
13130 WHITE BRIDGE DR
PALM HARBOR, FL 34684** ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DE CHAP, ALLEN
13130 WHITE BRIDGE DR
PALM HARBOR, FL 34684** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/08 727-781-4298