

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 751844 (2)
1. Corporation Name
BEL HIGHLAND CONDOMINIUM ASSOCIATION IV, INC.



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| Principal Place of Business 1102 HIGHLAND BEACH DR. HIGHLAND BEACH FL 33487 | Mailing Address 1102 HIGHLAND BEACH DR. HIGHLAND BEACH FL 33487 |
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| 3. Date Incorporated or Qualified 04/01/1980 | |
| 4. FEI Number 59-2043091 | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent COLYER, WILLIAM G 1102 HIGHLAND BEACH DRIVE HIGHLAND BCH FL 33487 | |
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| 10. Name and Address of New Registered Agent 81 Name SALLY DOCKTOR 82 Street Address (P.O. Box Number is Not Acceptable) 1102 HIGHLAND BCH DR. 83 HIGHLAND BCH 84 City FL 85 Zip Code 33487 | |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE **4/21/98**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 88 PTD PRES/SEC AND TREASURER DOCKTOR, SALLY 1102 HIGHLAND BCH, DR. HIGHLAND BCH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director SIMMONS, BOB 1102 HIGHLAND BCH DR HIGHLAND BCH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director COLYER, WILLIAM G 1102 HIGHLAND BCH DR. HIGHLAND BCH FL 33487 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PIGLI, ELEY 1102 HIGHLAND BCH DR HIGHLAND BCH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director FISH, JOHN 1102 HIGHLAND BEACH DR HIGHLAND BEACH, FL 33487 |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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, or on an attachment with an address.

SIGNATURE _____ DATE **4/21/98**

CP2E037 (10/97)