


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90035 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751844**

1. Corporation Name

**BEL HIGHLAND CONDOMINIUM ASSOCIATION IV, INC.**

Principal Place of Business

1102 HIGHLAND BEACH DR.  
HIGHLAND BEACH FL 33487

Mailing Address

1102 HIGHLAND BEACH DR.  
HIGHLAND BEACH FL 33487



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/01/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2043091	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**DOCKTOR, SALLY**  
**1102 HIGHLANDS BEACH DR**  
**HIGHLAND BEACH FL 33487**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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, with all other like empowered.

SIGNATURE:

**SIGNATURE RECEIVED**

**3/20/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)