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FILED STATE REGISTRATIONS
 OF MAY 2 11 20 1995

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortonham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 752071 (1)
 1. Corporation Name
COVE CAY VILLAGE IV CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
 3500 COVE CAY DRIVE, #1A CLEARWATER FL 34620
 3500 COVE CAY DRIVE, #1A CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/17/1980
 3a. Date of Last Report 05/01/1994

4. FEI Number 59-1988406
 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 26 3500 Cove Cay Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28 Clearwater, FL
 Zip Country Zip Country
 24 25 29 30 34620 Pinellas

9. Name and Address of Current Registered Agent
 ROBERT L. TANKEL, ESQ.
 33 GARDEN AVE #960
 CLEARWATER FL 34615-4116

10. Name and Address of New Registered Agent
 B1 Name Steven H. Mezer, P.A.
 B2 Street Address (P.O. Box Number is Not Acceptable) 1212 Court Street, Suite B
 B3
 B4 City Clearwater FL B5 Zip Code 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE *[Signature]* DATE 5-20-95
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAUER, YOLANDA S
STREET ADDRESS	3300 COVE CAY DR 4D
CITY - ST - ZIP	CLEARWATER FL
TITLE	VD
NAME	BROSSART, ROBERT
STREET ADDRESS	2700 COVE CAY DR 7B
CITY - ST - ZIP	CLEARWATER FL
TITLE	S
NAME	ROEDER, ROBERT H
STREET ADDRESS	2700 COVE CAY DR 3G
CITY - ST - ZIP	CLEARWATER FL
TITLE	T
NAME	MUNSON, LEO
STREET ADDRESS	3400 COVE CAY DR 5C
CITY - ST - ZIP	CLEARWATER FL
TITLE	S
NAME	FAZIOLI, CAESAR
STREET ADDRESS	2900 COVE CAY DR 2A
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	BALDWIN, ROBERT
STREET ADDRESS	2800 COVE CAY DR 7E
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BENTLEY, KENNETH G	
13 STREET ADDRESS	2800 COVE CAY DRIVE 7C	
14 CITY - ST - ZIP	CLEARWATER FL 34620	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BALDWIN, ROBERT	
23 STREET ADDRESS	2800 COVE CAY DRIVE 7E	
24 CITY - ST - ZIP	CLEARWATER FL 34620	
31 TITLE	S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROEDER, ROBERT H	
33 STREET ADDRESS	2700 COVE CAY DR 3G	
34 CITY - ST - ZIP	CLEARWATER FL 34620	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	EVANS, JOHN	
43 STREET ADDRESS	3200 COVE CAY DR 1D	
44 CITY - ST - ZIP	CLEARWATER FL 34620	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BATES, JOHN	
53 STREET ADDRESS	3400 COVE CAY DR 6D	
54 CITY - ST - ZIP	CLEARWATER FL 34620	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	RALSTON, EUGENE	
63 STREET ADDRESS	2900 COVE CAY DR 6E	
64 CITY - ST - ZIP	CLEARWATER FL 34620	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *[Signature]* CAESAR FAZIOLI 5/26/95 (813) 535-5403
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR