

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

Mailing Address  
**3500 COVE CAY DR  
CLEARWATER FL 34620  
US**

3. Date Incorporated or Qualified  
**04/17/1980**

3a. Date of Last Report  
**06/02/1995**

2. Principal Place of Business 21 <b>3500 Cove Cay Drive</b>	2a. Mailing Address 26 <b>Same</b>	4. FEI Number <b>59-1988406</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23 <b>Clearwater, FL</b>	City & State 28 <b>Same</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24 <b>34620</b>	Country 25 <b>Pinellas</b>	29 <b>Same</b>	30 <b>Same</b>

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

## 9. Name and Address of Current Registered Agent

**MEZER, STEVEN H PA  
1212 CT ST  
STE B  
CLEARWATER FL 34616**

## 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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BENTLY, KENNETH G</b>	
STREET ADDRESS	<b>2800 COVE CAY DR 7C</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RALSTON, EUGENE</b>	
STREET ADDRESS	<b>2900 COVE CAY DR 6E</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROEDER, ROBERT H</b>	
STREET ADDRESS	<b>2700 COVE CAY DR 3G</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MUNSON, LEO</b>	
STREET ADDRESS	<b>3400 COVE CAY DR 5C</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FAZIOLI, CAESAR</b>	
STREET ADDRESS	<b>2900 COVE CAY DR 2A</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BALDWIN, ROBERT</b>	
STREET ADDRESS	<b>2800 COVE CAY DR 7E</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (813) 535-5403

Date

Daytime Phone #

CR2E037 (12/95)