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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752071

1. Corporation Name
COVE CAY VILLAGE IV CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 3500 COVE CAY DRIVE CLEARWATER FL 34620 US	Mailing Address 3500 COVE CAY DR CLEARWATER FL 34620 US
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2. Principal Place of Business 21	2a. Mailing Address 26 CLEARWATER, FL 33760	3. Date Incorporated or Qualified 04/17/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1988406
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RALSTON, EUGENE	
STREET ADDRESS	2900 COVE CAY DRIVE, 6E	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REILLY, PHILIP	
STREET ADDRESS	2700 COVE CAY DR., 4A	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FAZIOLI, CAESAR	
STREET ADDRESS	2900 COVE CAY DR 2A	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BALDWIN, ROBERT	
STREET ADDRESS	2800 COVE CAY DR 7E	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDGAR WILLIAMS	
1.3 STREET ADDRESS	3200 COVE CAY DRIVE, 3E	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33760	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDWARD G. STEPANSKY	
2.3 STREET ADDRESS	2800 COVE CAY DRIVE, 5B	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	CLEARWATER, FL 33760	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	CLEARWATER, FL 33760	
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 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 Eugene Ralston **SECRETARY** 3/23/99 727-925-5403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E07 (11/98)