FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 752071

1. Corporation Name

COVE CAY VILLAGE IV CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 3500 COVE CAY DRIVE CLEARWATER FL 34620 Mailing Address

3500 COVE CAY DR CLEARWATER FL 34620

US

FILED Mar 31, 1999 8:00 am § Secretary of State

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	••				·				
2. Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed				
21	و ر	26 CLEARWATER,	FL 3	33760	04/17/1980				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For				
22		27			59-1988406 Not Applicable				
City & Stat		City & State			5. Certificate of Status Desired				
23	· · ·	28			Fee Required				
Zip	Country	Zip	Country	•	6. Election Campaign Financing \$5.00 May Be				
24	25	29 30	<u> </u>		Trust Fund Contribution Added to Fees				
	9. Name and Address of Curren	t Registered Agent	04	Mana	10. Name and Address of New Registered Agent				
			81	Name					
MEZER, STEVEN H PA					82 Street Address (P.O. Box Number is Not Acceptable)				
1212 CT S			-						
STE B			83						
CLEARWA	TER FL 34616		84	84 City 85 Zip Code					
-				1	FL S S S S S S S S S				
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes, i	the abov	e-named of	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered				
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Florida	Statutes	i.					
SIGNATURE									
	Signature, typed or printed name of registered ager			nt signature re	equired when reinstating) DATE ADDITION COLLANGES TO OFFICE BS AND DIDECTORS IN 13				
12.		ID DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TD ☐ Change ☑ Addition				
TITLE	PD	☐ DELETE	1.1 TITLE		1 - 1 - 1				
NAME	RALSTON, EUGENE	•	1.2 NAME		EDGAR WILLIAMS				
STREET ADDRESS	2900 COVE CAY DRIVE, 6E		1.3 STREE	TADDRESS	3200 COVE CAY DRIVE, 3E				
CITY-ST-ZIP	CLEARWATER FL 33760		1.4 CITY-S	T-ZIP	CLEARWATER, FL 33760				
TITLE -	D	☐ DELETE	2.1 TITLE		D ☐ Change ☐ Addition				
NAME	REILLY, PHILIP		2.2 NAME		EDWARD G. STEPANSKY				
STREET ADDRESS	2700 COVE CAY DR., 4A	-	2.3 STREE	TADDRESS	2800 COVE CAY DRIVE, 5B				
CITY-ST-ZIP	CLEARWATER FL 33760		2.4 CITY-5	ST-ZIP	CLEADWATER FL 33760				
TITLE	SD	☐ DELETE	3.1 TITLE		Change Addition				
NAME	FAZIOLI, CAESAR		3.2 NAME	Į					
STREET ADDRESS	2900 COVE CAY DR 2A		3.3 STREE	TADDRESS	↓				
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-5	ST-ZIP	CLEARWATER, FL 33760				
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition				
NAME	BALDWIN, ROBERT		4.2 NAME						
STREET ADDRESS	2800 COVE CAY DR 7E		4.3 STREE	TADDRESS					
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-S	T-ZIP	CLEARWATER, FL 33760				
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition				
NAME		· l	5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY- S	T-ZIP					
TITLE* *		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition				
NAME.	· · · · · · · · · · · · · · · · · · ·		6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					
OFF OF TIP			6.4 CITY-S	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 SUNSTINE SIGNATURE AND OPED OR PRINTED HAME OR SIGNAY OF DIRECTOR

3/23/99 127-535-5403.

-CR2F037 (11/9)