SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $345)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754638** **(5)**

1. Corporation Name
PINE KEY LODGE CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% RESOURCE PROPERTY MGMT. 1601 EAST BAY DRIVE SUITE 4 LARGO FL 34641	% RESOURCE PROPERTY MGMT. 1601 EAST BAY DRIVE SUITE 4 LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1980
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2166922 ☐ 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 ☐ **FILING FEE IS $61.25**
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 % Accounting Solutions	26 980 Pasadena Ave.
Suite, Apt. #, etc. 22 980 Pasadena Ave S.	Suite, Apt. #, etc. 27
City & State 23 St Petersburg, Fl	City & State 28 St Petersburg, Fl
Zip 24 33707 Country 25	Zip 29 33707 Country 30

9. Name and Address of Current Registered Agent

CHRISTIANSEN, ROBERT W
C/O RESOURCE PROPERTY MANAGEMENT
1601 EAST DAY DRIVE, SUITE 4
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name: Donna Tarleton
82 Street Address (P.O. Box Number is Not Acceptable): c/o Accounting Solutions
83 980
84 City: St Petersburg FL 85 Zip Code: 33707

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: Donna Tarleton Donna Tarleton 7-19-95
(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	P	11 TITLE	DP	☑ Change ☐ Addition
NAME	RIZZO, NORMA	12 NAME	Eugene Wilcox	
STREET ADDRESS	390 PINELLAS BAYWAY #A	13 STREET ADDRESS	390 Pinellas Bayway	
CITY-ST-ZIP	TIERRA VEDE FL	14 CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	S	21 TITLE	D	☑ Change ☐ Addition
NAME	BEHREND, RICHARD	22 NAME	James Rice	
STREET ADDRESS	390 PINELLAS BAYWAY, #J	23 STREET ADDRESS	390 Pinellas Bayway	
CITY-ST-ZIP	TIERRA VERDE FL	24 CITY-ST-ZIP	Tierra Verde, Fl 33715	
TITLE	D/S	31 TITLE		☐ Change ☐ Addition
NAME	CASSIDY, TOM	32 NAME		
STREET ADDRESS	390 PINELLAS BAYWAY, #H	33 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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 Sta
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
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 617, Florida Statutes; and
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas K Cassidy 7-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date