2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# 759788

Entity Name: HIGHLAND LAKES VILLAS ON THE GREEN CONDOMINIUM IV ASSOCIATION, INC.

Current Principal Place of Business:

1351 BLUFFS CIRCLE
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATION DATA MANAMENT
PO BOX 2007
DUNEDIN, FL 34697 US

New Mailing Address:

FEI Number: 59-2791263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NASSER, WILLIAM J
1351 BLUFFS CIR
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PRANGE, ROY
Address: 865 C MACLAREN DR N
City-St-Zip: PALM HARBOR, FL 34684

Title: VD ( ) Delete
Name: DEGROTTO, STEPHEN
Address: 900 C MACLAREN DR., N
City-St-Zip: PALM HARBOR, FL 34684

Title: TD ( ) Delete
Name: CHANCE, LEO
Address: 880 D MACLEAREN DR N
City-St-Zip: PALM HARBOR, FL 34684

Title: PD ( ) Delete
Name: DONNER, BETTY
Address: 820-A MACLAREN DRIVE NO
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete
Name: PASSARETTI, ARTHUR
Address: 845 A MACLAREN DRIVE NORTH
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CRUME, RALPH E
Address: 880 A MACLAREN DR., N
City-St-Zip: PALM HARBOR, FL 34684

Title: TD (X) Change ( ) Addition
Name: COHEN, ELLIOTT
Address: 860 B MACLEAREN DR N
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY DONNER P 01/27/2006

Electronic Signature of Signing Officer or Director — Date