2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759788

FILED Feb 01, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1351 BLUFFS CIRCLE 1022 MAIN STREET \Box

DUNEDIN, FL 34698 US

DUNEDIN, FL 34698 US

Current Mailing Address: New Mailing Address:

ASSOCIATION DATA MANAMENT PO BOX 2007

DUNEDIN, FL 34697

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NASSER, WILLIAM J TANKEL, ROBERT L 1351 BLÚFFS CIR 1022 MAIN STREET DUNEDIN, FL 34698 US

DUNEDIN, FL 34698 US

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: ROBERT L. TANKEL 02/01/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition Name:

PRANGE, ROY CARESSI, CHARLES Name: 865 C MACLAREN DR N Address: 885 C MACLAREN DR N Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684

Title: () Delete Title: (X) Change () Addition CRUME, RALPH E Name: CRUME, RALPH E Name:

Address: 880 A MACLAREN DR., N Address: 880 A MACLAREN DR., N City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684

TD Title: () Delete Title: (X) Change () Addition

COHEN, ELLIOTT COHEN, ELLIOTT Name: Name: 860 B MACLEAREN DR N 860 B MACLEAREN DR N Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684

Title: PD () Delete Title: () Change () Addition

Name: DONNER, BETTY Name: 820-A MACLAREN DRIVE NO Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip:

Title: () Delete Title: () Change () Addition

CHANCE, LEO Name: Name: 880 A MACLAREN DRIVE NORTH Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 Ρ 02/01/2008