


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90048 036 ****61.25

DOCUMENT # N09482 1. Entity Name HIGHGATE IV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2732341	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES R. DE FURIO, P.A. 201 E. KENNEDY BLVD. TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, JOHN		NAME	ALDERFER, WAYNE	
STREET ADDRESS	2119 S. NALUJON DR.		STREET ADDRESS	2007 HARTLEBURY WAY	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILE, MARJORIE		NAME	HOUGH, PATRICK	
STREET ADDRESS	2005 HARTLEBURY WAY		STREET ADDRESS	2209 HARTLEBURY WAY	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSSLEY, JIM		NAME	BLACK, CLAUDIA	
STREET ADDRESS	2015 HARLEBURY WAY		STREET ADDRESS	2004 HARTLEBURY WAY	
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, PAUL		NAME		
STREET ADDRESS	2021 HEREFORD		STREET ADDRESS		
CITY - ST - ZIP	SUN CITY CENTER, FL		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERFER, WAYNE		NAME		
STREET ADDRESS	2007 HARTLEBURY WAY		STREET ADDRESS		
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WARREN		NAME		
STREET ADDRESS	2029 HARTLEBURY WAY		STREET ADDRESS		
CITY - ST - ZIP	SUN CITY CENTER, FL 33573		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Paul Hunt Pres.</u> 4-3-07 (813) 642-8990					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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