**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 N43284

DOCUMENT #

1. Corporation Name

BCARC HOMES IV, INC.

Principal Place of Business % 110 DIXIE LANE COCOA BEACH FL 32931

Mailing Address

% 110 DIXIE LANE COCOA BEACH FL 32931

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90008 006 \*\*\*183.75



2.	Principal Pla	ace of Busin	ness		Ža.	2a. Mailing Address							Date Incorporate	d or Qualifed			
21	•				26	26							05/03/1991				
	Suite, Apt. #, etc.					Suite, Apt. #, etc.							El Number			App	lied For
22	· <u> </u>					27						-	<u>59-3185288</u>		_	<del></del>	Applicable
	City & State					City & State						5. (	Certifcate of Stat	us Desired		\$8.75 A	-
23						28										Fee Re	<u>-                                    </u>
	Zip	· — ·				Zip	_	_ Country	/				Election Campai			\$5.00	
24	25					30						Trust Fund Contribution  10. Name and Address of New Registered A			Added to Fees		
9. Name and Address of Current Registered Agent										Name		10. 1	Name and Addi	ess of New Re	gistered A	tgent .	
										1401116							_
	DRESSLER, JAMES R.					82			Street Address (P.O. Box Number is Not Acceptable)								
•	110 DIXIE				83							_					
•	COCOA B	EACH FL	329	31													
									84 City						FL	85 Zip C	ode
44		- 45		-4 Cartions 617 0500	and 6	17 1508 Elec		named c	ornorat	tion :	euhmite this stat	ement for the n	urnose of o	changing its	registered		
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 register of fice 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.															istered		
	agent. I an	n familiar wi	ith, a	nd accept the obligati	ions of	, Section 617.	.0503, Florid	a Statutes	5.								
SI	GNATURE	N		nted name of registered agent	and title	if applicable	/NOTE: R	egistered Age	nt s	sionature rec	auired whe	en rei	nstating)		DATE		
12		Signature, typed	i Oi pri	OFFICERS ANI		_	(1072.	13.			•		DDITIONS/CHA	NGES TO OFFI	CERS AN	D DIRECTO	RS IN 12
TIT	LE T	PD					ELETE	1.1 TITLE			-					Change	☐ Addition
NA	COLINERMODERO TOUR D. ID				1.2												
STI	EET ADDRESS 850 BELHURST LANE				1.3 S'			TA	DDRESS								
	-ST-ZIP ROCKLEDGE FL			FL	1.4.0			1.4 CITY-5	ST-2	ZIP							
TIT		T				☐ DELETE 2.11			2.1 TITLE							[] Change	☐ Addition
NA	ME	SWIFT, BARRY				2.2 N			2.2 NAME								
ST	REET ADDRESS 201 BARTON BLVD					238			2.3 STREET ADDRESS					•			
CIT	ROCKLEDGE FL				2.4			2.4 CITY-ST-ZIP									
ш	ζE	XX		·			DELETE	3.1 TITLE		4	D					Change	☐ Addition
NA!	ME	NUTTING, CHARLES						3.2 NAME									
\$17	REET ADDRESS 719 E HIBISCUS BLVD							3.3 STREE	ŦΑ	DORESS							
СП	Y-ST-ZIP	MELBOU	RNE	FL				3.4. CITY-	ST-	ZIP							<b>-</b>
ш	LE T	D				×Γ	DELETE	4.1 TITLE			AD		100	N		[] Change	Addition
NA.	ME	OSBORN	•			•		4. 2 NAME			Cee	a p	ra who	 (1)	}		
ŞΠ	REET ADDRESS			IOY AVENUE				4.3 STREE	TA	ODRESS	1670	O S	ed Rya 5. Fisk	e Bly	٠ ,	~ n==	ı
сп	TY-ST-ZIP COCOA FL								.4 CITY-ST-ZIP		<u> </u>	20	kleda.	e EL	3	<u> 295</u> 5	
חד	-   -					□ 0	DELETE 5.1 TF						·	1		Change	☐ Addition
NA	_ · · · · · · · · · · · · · · · · · · ·						5.2 NA										
ST	TREET ADDRESS 6370 N. WICKHAM RD									REET ADDRESS							
	Y-ST-ZIP	MELBOU	IRNE	FL				5.4 CITY-5 6.1 TITLE	ST-2	1.	0					Change	Addition
1	TE	<b>SQ</b>	^_	00			DELETE				tas.	7 3	ע			La Change	
1	ME [	SHINN, (						6.2 NAME	<b>.</b>	, noncoo							
ST.	STREET ADDRESS 1934 S FISKE BLVD							6.3 STREE									
СП	TY-ST-ZIP	ROCKLE	DGE	: FL				6.4 CITY-5	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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URE REQUIRED