

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000034797

1. Corporation Name

CM TREASURE COAST PROPERTIES IV, INC.

Principal Place of Business

8000 S. FEDERAL HWY. SUITE 301
PORT ST. LUCIE FL 34952

Mailing Address

8000 S. FEDERAL HWY. SUITE 301
PORT ST. LUCIE FL 34952

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90206 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1998

4. FEI Number

65-0834533

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CRARY, LAWRENCE EVANS III
555 COLORADO AVE.
STUART FL 34995

10. Name and Address of New Registered Agent

81 Name

Gallese, William F.

82 Street Address (P.O. Box Number is Not Acceptable)

8000 S. Federal Hwy., #301

83

84 City

Port St. Lucie

FL

85 Zip Code

34952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BELLANTONI, CARMEN
STREET ADDRESS 2000 S.E. PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☐ DELETE

NAME BOGDAN, LEONARD JR.
STREET ADDRESS 2000 S.E. PORT ST. LUCIE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT ☒ Change ☐ Addition

1.2 NAME LEONARD P BOGDAN JR
1.3 STREET ADDRESS 8000 S FEDERAL HWY SUITE 301
1.4 CITY-ST-ZIP PORT ST LUCIE FL 34952

2.1 TITLE DVS ☐ Change ☒ Addition

2.2 NAME JOHN GRANT
2.3 STREET ADDRESS 729 S FEDERAL HIGHWAY, SUITE 210
2.4 CITY-ST-ZIP STUART FL 34994

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-99 501-337-5566

CR2E034 (11/98)