
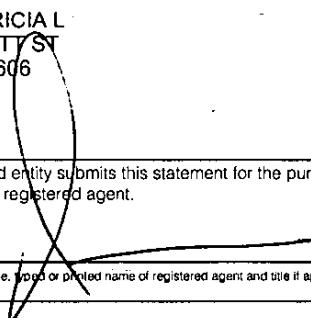
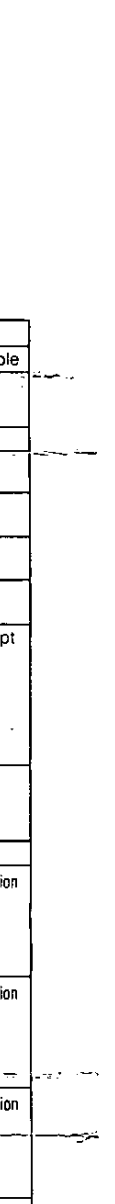


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90151 006 ****61.25

DOCUMENT # 764589					
1. Entity Name RIVER OAKS CONDOMINIUM IV ASSOCIATION, INC.					
Principal Place of Business 7001 TEMPLE TERR HWY TEMPLE TERRACE, FL 33637 US			Mailing Address 7001 TEMPLE TERR HWY TEMPLE TERRACE, FL 33637 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2232560	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LERNER, PATRICIA L 420 WEST PLATY ST TAMPA, FL 33606			Name - Duarte, Antonio - II Street Address (P.O. Box Number is Not Acceptable) 6221 Land O Lakes City Land O Lakes FL Zip Code 34639		
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 		Antonio Duarte		1/14/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STATZ, DENNIS	NAME			
STREET ADDRESS	410 DRUID HILLS RD	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP			
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEACH, LEWIS	NAME	White, Melissa		
STREET ADDRESS	3908 VERSAILLES AVE	STREET ADDRESS	4967 Puriton Circle		
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP	Tampa, FL 33617		
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	YOUNG, LARRY	NAME	Levine, Brian		
STREET ADDRESS	2187 BLUE FERN DRIVE	STREET ADDRESS	4985 Puriton Circle		
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	Tampa, FL 33617		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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: 		Dennis Statz		2-2-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 985-1945	

40040040



01112005 Chg-NP CR2E037 (10/03)