


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 021 ****61.25

DOCUMENT # 764589

1. Entity Name
RIVER OAKS CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business Mailing Address
7001 TEMPLE TERR HWY **7001 TEMPLE TERR HWY**
TEMPLE TERRACE, FL 33637 US **TEMPLE TERRACE, FL 33637 US**

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

40015656



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2232560 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUARTE, ANTOINO II
6221 LAND O LAKES
LAND O LAKES, FL 34639

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	STATZ, DENNIS	
STREET ADDRESS	410 DRUID HILLS RD	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	STD	
NAME	WHITE, MELISSA	
STREET ADDRESS	4967 BURITAN CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 *Dennis Statz* **Dennis Statz** **1-22-08** **813 - 985-1945**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #