

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745075

FILED
Mar 26, 2009
Secretary of State

Entity Name: TIMBER OAKS FAIRWAY VILLAS CONDOMINIUM IV ASSOCIATION, INC.

Current Principal Place of Business:

C/O GOLDSTAR MANAGEMENT CO
2135 US 19, #27
HOLIDAY, FL 34691 US

New Principal Place of Business:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 US

Current Mailing Address:

C/O GOLDSTAR MANAGEMENT CO
2135 US 19, #27
HOLIDAY, FL 34691 US

New Mailing Address:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 US

FEI Number: 59-2071222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULM, JEFFREY A
%GOLDSTAR MANAGEMENT CO.
2435 US 19 #270
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC
4585 140TH AVE NORTH
CLEARWATER, FL 33762 US

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.

SIGNATURE: KIRK BLISS

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRYSHER, VIRGINIA
Address: 8121 BUGLE CRT 2
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VD () Delete
Name: WILLARD, EUGENE
Address: 8110 BUGLE CRT 4
City-St-Zip: PORT RICHEY, FL 34668 US

Title: S () Delete
Name: KRACIK, ROBERT
Address: 8130 BUGLE CRT 2
City-St-Zip: PORT RICHEY, FL 34668 US

Title: TD () Delete
Name: VIOLET, MASSELL
Address: 8131 BRADDOCK CIR 3
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D (X) Delete
Name: MILLER, BRYAN
Address: 8131 BRADDOCK CIR 4
City-St-Zip: PORT RICHEY, FL 34668 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CAGGIANO, SHEILA
Address: 8131 BRADDOCK CIR #1
City-St-Zip: PORT RICHEY, FL 34668 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINA KRYSHER

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date