



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

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 747175		
1. Entity Name RITA APARTMENTS IV, INC.		
Principal Place of Business C/O ROGER FINN 531 NORTH J ST. #2 LAKE WORTH, FL 33460 US		Mailing Address C/O ROGER FINN 531 NORTH J ST. #2 LAKE WORTH, FL 33460 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FINN, ROGER 531 NORTH J STREET APARTMENT 2 LAKE WORTH, FL 33460		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small> 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELIAS, TINA 531 NORTH J STREET, #4 LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, VICTORIA 1510 PALMWAY SOUTH LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINN, ROGER 531 NORTH J STREET #2 LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, DEBRA 531 NORTH J STREET #1 LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIEKKOLA, KINO 2966 SE PARAMOUNT PL STUART, FL 34997	
TITLE NAME STREET ADDRESS 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-17-05 <small>Date</small> 561-586-4975 <small>Daytime Phone #</small>



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2267882	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000320569
04/21/05-80042-011 61.25

**DO NOT WRITE
IN THIS SPACE**