

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 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**



04142007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_

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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELIAS, TINA 46 ANDROS RD LAKE WORTH, FL 33461
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, EINO 2966 SE PARAMOUNT PL STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000714408  
04/27/07-80022-007 61.25

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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:** \_\_\_\_\_

*Roger Finn* **ROGER FINN**

**4-14-07**

Date

**561-586-4975**

Daytime Phone #