



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90016 009 \*\*\*\*61.25

<b>DOCUMENT #747175</b> 1. Entity Name <b>RITA APARTMENTS IV, INC.</b>					
Principal Place of Business <b>C/O ROGER FINN</b> <b>531 NORTH J ST. #2</b> <b>LAKE WORTH, FL 33460 US</b>			Mailing Address <b>C/O ROGER FINN</b> <b>531 NORTH J ST. #2</b> <b>LAKE WORTH, FL 33460 US</b>		
2. Principal Place of Business - No P.O. Box # <b>531 North J St</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Lake Worth, FL</b>		City & State		04072008 Chg-NP CR2E037 (12/06)	
Zip <b>33460</b>		Country <b>US</b>		4. FEI Number <b>59-2267882</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FINN, ROGER</b> <b>531 NORTH J STREET</b> <b>APARTMENT 2</b> <b>LAKE WORTH, FL 33460</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 <u>Roger J. Finn</u> <b>Roger J. Finn, Treasurer</b> <b>4-14-08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>ELIAS, TINA</b> <b>46 ANDROS RD</b> <b>LAKE WORTH, FL 33461</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>casazza, Tina</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>HENDERSON, VICTORIA</b> <b>1610 PALMWAY SOUTH</b> <b>LAKE WORTH, FL 33460</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1502 South Paluway</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>FINN, ROGER</b> <b>531 NORTH J STREET #2</b> <b>LAKE WORTH, FL 33460</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>JACKSON, DEBRA</b> <b>531 NORTH J STREET #1</b> <b>LAKE WORTH, FL 33460</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>PIEKKOLA, EINO</b> <b>2066 SE PARAMOUNT PL</b> <b>STUART, FL 34997</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2906 SE Paramount PL</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: <u>Roger J. Finn</u> <b>Roger J Finn, Treasurer</b> <b>4-14-08</b> <b>561 586-4975</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					