

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747175

FILED
Mar 30, 2009
Secretary of State

Entity Name: RITA APARTMENTS IV, INC.

Current Principal Place of Business:

531 NORTH J ST
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

C/O ROGER FINN
531 NORTH J ST. #2
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 59-2267882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINN, ROGER
531 NORTH J STREET
APARTMENT 2
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CASAZZA, TINA
Address: 45 ANDROS RD
City-St-Zip: LAKE WORTH, FL 33461

Title: VD () Delete
Name: HENDERSON, VICTORIA
Address: 1502 SOUTH PALMWAY
City-St-Zip: LAKE WORTH, FL 33460

Title: TD () Delete
Name: FINN, ROGER
Address: 531 NORTH J STREET #2
City-St-Zip: LAKE WORTH, FL 33460

Title: PD () Delete
Name: JACKSON, DEBRA
Address: 531 NORTH J STREET #1
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: PIEKKOLA, EINO
Address: 2906 SE PARAMOUNT PL
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROGER FINN

TD

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date