

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90087 029 ****61.25

DOCUMENT # 764589	
1. Entity Name RIVER OAKS CONDOMINIUM IV ASSOCIATION, INC.	

Principal Place of Business 7001 TEMPLE TERR HWY TEMPLE TERRACE, FL 33637 US	Mailing Address 7001 TEMPLE TERR HWY TEMPLE TERRACE, FL 33637 US
--	--

60008944



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2232560	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
DUARTE, ANTOINO II 6221 LAND O LAKES LAND O LAKES, FL 34639	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STATZ, DENNIS	NAME	
STREET ADDRESS	410 DRUID HILLS RD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WHITE, MELISSA	NAME	
STREET ADDRESS	4967 BURITAN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	
TITLE	VP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LEVINE, BRIAN	NAME	
STREET ADDRESS	4985 PARITAN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Melissa White 1-11-06 813-980-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #