

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012101

FILED
Apr 24, 2009
Secretary of State

Entity Name: LAGUNA AT RIVIERA DUNES IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4200 W CYPRESS ST STE 444
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4200 W CYPRESS ST STE 444
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-5951744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: TAYLOR, DEBBY
Address: 4200 W. CYPRESS ST, STE. 444
City-St-Zip: TAMPA, FL 33607

Title: VPD () Delete
Name: ROQUE, TAMMY
Address: 4200 W CYPRESS ST - STE 444
City-St-Zip: TAMPA, FL 33607

Title: STD () Delete
Name: HAMVAY, JENNIFER
Address: 4200 W CYPRESS ST - STE 444
City-St-Zip: TAMPA, FL 33607

Title: AS () Delete
Name: WILSON, DOUGLAS E
Address: 9031 TOWN CENTER PKWY
City-St-Zip: BRADENTON, FL 34202

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:

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: DOUGLAS E WILSON

AS

04/24/2009

Electronic Signature of Signing Officer or Director

Date