

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 21, 2005 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/04)

DOCUMENT # N36315		1. Entity Name	
VILLA ESTA IV ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
26186 NORTHERN CROSS RD BOX 6 PUNTA GORDA FL 33983 US		26186 NORTHERN CROSS RD BOX 6 PUNTA GORDA FL 33983 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DONALD, HALLS 25 261863 NORTHERN CROSS RD PUNTA GORDA FL 33983		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
<p>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.</p> <p>SIGNATURE _____ DATE _____</p> <p style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</p>			

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HOOLEY, JOHN A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HOOLEY, JOHN A	NAME	
STREET ADDRESS	26186 NORTHERN CROSS RD	STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA FL	CITY- ST- ZIP	
U00000189482 01/24/05-80099-008 61.25			
TITLE	T HALLS, MANVELA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HALLS, MANVELA	NAME	
STREET ADDRESS	26186 NORTHERN CROSS RD	STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA FL 33983	CITY- ST- ZIP	
TITLE	D TIDWELL, ROBERT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	TIDWELL, ROBERT	NAME	
STREET ADDRESS	26186 NORTHERN CROSS RD	STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA FL 33983	CITY- ST- ZIP	
TITLE	D LITHERLAND, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LITHERLAND, JAMES	NAME	
STREET ADDRESS	86186 NORTHERN CROSS RD	STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 exemption stated in Section 119.07(3)(f), 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 817, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Halls **DONALD HALLS** JAN 18 2005 875 4701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #