

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90090 014 ****61.25



DOCUMENT # N36315

1. Entity Name

VILLA ESTA IV ASSOCIATION, INC.

Principal Place of Business 26186 NORTHERN CROSS RD BOX 6 PUNTA GORDA FL 33983 US	Mailing Address 26186 NORTHERN CROSS RD BOX 6 PUNTA GORDA FL 33983 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>26186 NORTHERN CROSS RD.</i>
City & State	City & State <i>PUNTA GORDA, FL. 33983</i>

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2111152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DONALD, HALLS
25 261863 NORTHERN CROSS RD
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent
Name *JOHN A. HOOLEY*
Street Address (P.O. Box Number is Not Acceptable)
26186 NORTHERN CROSS RD. #2A
City *PUNTA GORDA* FL Zip Code *33983*

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 *JOHN A. HOOLEY* *John A. Hooley* - - 1/24/06 - - -
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOLEY, JOHN A 26186 NORTHERN CROSS RD PUNTA GORDA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALLS, MANVELA 26186 NORTHERN CROSS RD PUNTA GORDA FL 33983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIDWELL, ROBERT 26186 NORTHERN CROSS RD PUNTA GORDA FL 33983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITHERLAND, JAMES 86186 NORTHERN CROSS RD PUNTA GORDA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOOLEY, JOHN A. 26186 NORTHERN CROSS RD. #2A PUNTA GORDA, FL. 33983 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATARESE, JOHN 26186 NORTHERN CROSS RD. #2B PUNTA GORDA, FL 33983 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIDWELL, ROBERT 26186 NORTHERN CROSS RD. #1A PUNTA GORDA, FL. 33983 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITHERLAND, JAMES 26186 NORTHERN CROSS RD. #1B PUNTA GORDA, FL. 33983 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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: *JOHN A. HOOLEY* *John A. Hooley* 1/24/06 941-743-4187