


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Feb 19, 2008 08:00 AM  
Secretary of State**

**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  
2A  
PUNTA GORDA FL 33983  
US**



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

1st MOORE      CR2E037 (10/07)

City & State      City & State

4. FEI Number      Applied For  
**59-211152**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**HOOLEY, JOHN  
26186 NORTHERN CROSS RD, # 2A  
PUNTA GORDA FL 33983**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

B. 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 "I" if applicable      (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW. FEE IS \$61.25  
Due By May 1, 2008**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	HOOLEY, JOHN A	26186 NORTHERN CROSS RD., 2-A	PUNTA GORDA FL 33983	<input type="checkbox"/>
D	LITHERLAND, JAMES	86168 NORTHERN CROSS RD., 1-B	PUNTA GORDA FL 33983	<input type="checkbox"/>
D	MATARESE, NORMA JEAN	26186 NORTHERN CROSS RD., 2-B	PUNTA GORDA FL 33983	<input type="checkbox"/>
D	TIDWELL, ROBERT	26186 NORTHERN CROSS RD # 1A	PUNTA GORDA FL 33983	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

U00000832663  
02/27/08-80063-001 61.25

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**