

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36315

FILED  
Aug 05, 2009  
Secretary of State

Entity Name: VILLA ESTA IV ASSOCIATION, INC.

**Current Principal Place of Business:**

26186 NORTHERN CROSS RD  
BOX 6  
PUNTA GORDA, FL 33983 US

**New Principal Place of Business:**

**New Mailing Address:**

138 TRADEWINDS DRIVE NW  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

26186 NORTHERN CROSS RD  
2A  
PUNTA GORDA, FL 33983 US

FEI Number: 59-2111152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOOLEY, JOHN  
26186 NORTHERN CROSS RD, # 2A  
PUNTA GORDA, FL 33983 US

**Name and Address of New Registered Agent:**

MATARESE, MONTE  
138 TRADEWINDS DR. NW  
PORT CHARLOTTE, FL 33952 US

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: MONTE D MATARESE PRES.

08/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: HOOLEY, JOHN A  
Address: 26186 NORTHERN CROSS RD., 2-A  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: LITHERLAND, JAMES  
Address: 86168 NORTHERN CROSS RD., 1-B  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: MATARESE, NORMA JEAN  
Address: 26186 NORTHERN CROSS RD., 2-B  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D (X) Delete  
Name: TIDWELL, ROBERT  
Address: 26186 NORTHERN CROSS RD # 1A  
City-St-Zip: PUNTA GORDA, FL 33983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MATARESE, MONTE D  
Address: 138 TRADEWINDS DR. NW  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP (X) Change ( ) Addition  
Name: LITHERLAND, JAMES S  
Address: 23167 ABERDEEN AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SEC. (X) Change ( ) Addition  
Name: POSTLE, SUSAN T  
Address: 312 DARST AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950

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: MONTE D MATARESE

PRES

08/05/2009

Electronic Signature of Signing Officer or Director

Date