2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003050

301 JASMINE WAY

CLEARWATER, FL

Address:

City-St-Zip:

Entity Name: UPARC HOUSING IV, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
1501 N BELCHER ROAD CLEARWATER, FL 33765		1501 N BE	1501 N BELCHER ROAD	
CLEARVVA	ATER, FL 33/63		ATER, FL 33765	
Current Mailing Address:		New Maili	New Mailing Address:	
1501 N BELCHER ROAD CLEARWATER, FL 33765			1501 N BELCHER ROAD 249	
		CLEARWATER, FL 33765		
	: 59-3250595	umber Not App		
	Address of Current Registered Agent:	•	Address of New Registered Agent:	
BUCKLEY, THOMAS 1501 N BELCHER ROAD CLEARWATER, FL 33765 US		1501 N BE 249	BUCKLEY, THOMAS 1501 N BELCHER ROAD 249 CLEARWATER, FL 33765 US	
	named entity submits this statement for the purpose e of Florida.	of changing i	ts registered office or registered agent, or both,	
SIGNATURE:			05/01/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete SMITH, MARION 1884 OAKDALE LANE NO. CLEARWATER, FL	Title: Name: Address: City-St-Zip:	P (X) Change () Addition STOCK, GREGORY PO BOX 1038 CRYSTAL BCH, FL 34681	
Title: Name: Address: City-St-Zip:	T () Delete LEWIS, MICHAEL 1733 PINE CREEK CT SAFETY HARBOR, FL	Title: Name: Address: City-St-Zip:	V (X) Change () Addition GRIFFIN, RYAN PO BOX 1368 CLEARWATER, FL 33757	
Title: Name: Address: City-St-Zip:	S () Delete BUCKLEY, THOMAS 6402 BROOK HOLLOW CT TAMPA, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete GAMBLE, CHARLES 1722 HICKORY GATE DR. S. DUNEDIN, FL	Title: Name: Address: City-St-Zip:	T (X) Change () Addition KINNEY, ROBERT 6325 RIDGE TOP DR NEW PORT RICHEY, FL 34655	
Title: Name:	D (X) Delete JAMIESON, HARRY	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: THOMAS J BUCKLEY S 05/01/2009