


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90109 001 ****61.25

DOCUMENT # N96000004052					
1. Entity Name HIDDEN SANCTUARY VILLAGE AT THE VERANDAS AT TIGER ISLAND CONDOMINIUM IV ASSOCIATION, INC.					
Principal Place of Business 834 BALD EAGLE DR MARCO ISLAND, FL 34145			Mailing Address 834 BALD EAGLE DR SUITE 215 MARCO ISLAND, FL 34145		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1097619	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, WILLIAM 8075 TIGER COVE LANE # 1701 NAPLES, FL 34113			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME GRAFE, VOLKER	<input type="checkbox"/> Delete	TITLE ST	NAME Graf, Volker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS REMBRANDSTRASSE 6	HEINSBERG, GERMANY, 52525		STREET ADDRESS Vilkestrabe 12-14	50321 Bruchl, Germany	
CITY-ST-ZIP	HEINSBERG, GERMANY, 52525		CITY-ST-ZIP	50321 Bruchl, Germany	
TITLE VP	NAME CONKEL, JERRY	<input type="checkbox"/> Delete	TITLE P	NAME Sowder, Manford	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6510 RIDPATH RD	GROVE CITY, OH 43123		STREET ADDRESS 7423 New York Way	Dayton, OH 45414	
CITY-ST-ZIP	GROVE CITY, OH 43123		CITY-ST-ZIP	Dayton, OH 45414	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP		STREET ADDRESS 	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP		STREET ADDRESS 	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP		STREET ADDRESS 	CITY-ST-ZIP	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Manford S. Sowder Pres. et</i>			4-18-08 937-890-1632		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		