


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 029 ****61.25

DOCUMENT # N96000004711 1. Entity Name NANTUCKET IV CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		Mailing Address 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite Sterling Management 1904 Clubhouse Drive City Sun City Center, FL 33573 Zip		etc. 01182008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3431193		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES R DE FURIO, PA 201 E KENNEDY BLVD SUITE 1460 TAMPA, FL 33602		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME FAVIANO, ADRIENNE <input type="checkbox"/> Delete STREET ADDRESS 1001 NORFOLK ISLAND CITY-ST-ZIP SUN CITY CENTER, FL	TITLE D Young, Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 1011 Nicene Court STREET ADDRESS Sun City Center FL 33573 CITY-ST-ZIP	TITLE TD NAME HEATH, ED <input type="checkbox"/> Delete STREET ADDRESS 1010 NORFOLK ISLAND CT. CITY-ST-ZIP SUN CITY CENTER, FL 33573	
TITLE SD NAME RAILEY, ANN <input type="checkbox"/> Delete STREET ADDRESS 1004 NICENE CT. CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE VPD Jordan, John <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1019 Norfolk Island Ct STREET ADDRESS Sun City Center FL 33573 CITY-ST-ZIP		
TITLE VPD NAME LUNNY, ADRIENNE <input checked="" type="checkbox"/> Delete STREET ADDRESS 2123 NANTUCKET DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D NAME JORDAN, JOHN <input type="checkbox"/> Delete STREET ADDRESS 1019 NORFOLK ISLAND CT CITY-ST-ZIP SUN CITY CENTER, FL 33573	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u><i>Adrienne Lunny</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>3/3/08</i></u> <small>Date Daytime Phone #</small>	