
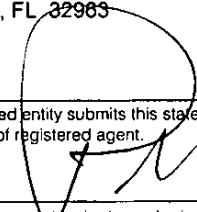
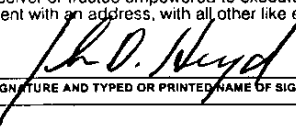


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90233 024 ****61.25

DOCUMENT # N98000004001					
1. Entity Name SEA OAKS RIVER HOMES IV HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8811 A1A VERO BEACH, FL 32963			Mailing Address 8811 A1A VERO BEACH, FL 32963		
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 65-0888981	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAWSON, PAMELA S 8811 A1A VERO BEACH, FL 32963			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 		<i>Managing Agent</i>		DATE <i>4-19-07</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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 P NAME NEVIN, STANLEY STREET ADDRESS 8811 A1A CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE VP NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ALLOPENNA, PHILLIP STREET ADDRESS 8811 A1A CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MCINNIS, BOB STREET ADDRESS 8811 A1A CITY-ST-ZIP VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE SIT NAME Robert Clarke STREET ADDRESS 8811 Hwy. A1A CITY-ST-ZIP Vero Beach, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME SPEARS, CAROLYN STREET ADDRESS 8811 A1A CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE VP NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HEYD, JOHN STREET ADDRESS 8811 A1A CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE P NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date <i>4-19-07</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	