

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110514

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** ISLAND RESORTS DEVELOPMENT TOWER FOUR, INC.

**Current Principal Place of Business:**

TEN PORTOFINO DRIVE  
PENSACOLA BEACH, FL 32561

**New Principal Place of Business:**

TEN PORTOFINO DRIVE  
2ND FLOOR  
PENSACOLA BEACH, FL 32561

**Current Mailing Address:**

TEN PORTOFINO DRIVE  
PENSACOLA BEACH, FL 32561

**New Mailing Address:**

TEN PORTOFINO DRIVE  
2ND FLOOR  
PENSACOLA BEACH, FL 32561

**FEI Number:** 20-0359107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, JAMES S  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RINKE, ROBERT L  
Address: TEN PORTOFINO DRIVE  
City-St-Zip: PENSACOLA BEACH, FL 32561

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L RINKE

D

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date