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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715518

(7)

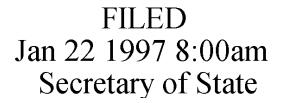
BEVERLY HILLS CONDOMINIUM NUMBER FOUR, INC.

5300	WASHINGTON	ST.
	MUCAA CL 65	

Principal Place of Business

Mailing Address

5300 WASHINGTON ST. HOLLYWOOD FL 33021-7750





HULLTWOOD F	£ 33021	no.	LLIWOOD FL	33021-7730				
				.			3. Date Incorporated or Qualified 11/05/1968	3s. Date of Last Report 01/29/1996
2. Principal P	lace of Business		Mailing Add	ress		(4. FEI Number	Applied For
21		26	<u>5300</u>		ING	رکر مین و	r. 59-1629263	Not Applicable
Suite, Apt.	#. etc.	27	Suite, Apt. #	, etc. 3//			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e		City & State	~			6. Election Campaign Financing	\$5.00 May Be
23		28	HOLLY	woo)			Trust Fund Contribution	Added to Fees
Zip	Country		Zip		Country		8. This corporation has liability for I	
24	25	29	33021	-775 30	DRO	WARD		Yes 🔀 No
	9. Name and Address of Curren	t Regis	tered Agent			т.:	10. Name and Address of New Re	Jistered Agent
ĺ					81	Name		
	OW, JOSEPH H				82 Street Address (P.O. Box Number is Not Acceptable)			
5300 W/	ASHINGTON ST F-311							
S213					63			
HOLLYW	VOOD FL 33021				84	City		85 Zip Code
11 Purcuant	to the provisions of Sections 617.050	2 and 6	17 1508 Flori	da Statutas	the abou	e-named co	rporation submits this statement for the p	urnosa of abancing its registered
office or agent 1 a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florions o	da. Such char If, Section 617	nge was auth 7.0503, Florida	orized b a Statute	y the corpor s.	ation's board of directors. I hereby accep	it the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and tile	if applicable.	(NOTE: Re	gislered Ag	ent signature req	juired when reinstating)	DATE
12.	OFFICERS AND				13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	SD		☐ Di	ELETE	1.1 TITLE			Change Addition
NAME	HUESING, RUTH				1.2 NAME	Ì		
STREET ADDRESS	5300 WASHINGTON ST 3 204	ļ			1.3 STREE	T ADDRESS		
CITY-ST-ZiP	HOLLYWOOD FL				1.4 CITY-	ST-ZIP		
TITLE	PD		□ D	ELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	KAMEROW, JOSEPH				2.2 NAME			
STREET ADDRESS	5300 WASHINGTON ST F311				2.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL				2. 4 CITY-	ST-ZIP		
TITLE	VD		D	ELETE	3.1 TITLE	-	r D .	Change Addition
NAME	BARBINI, EDWARD				3.2 NAME	Ø	ARBINI, EDWARD	
STREET ADDRESS	5300 WASHINGTON ST F-220)			3.3 STREE	T ADDRESS	300 WASHINGTON ST.	F-220
CITY-ST-ZIP	HOLLYWOOD FL				3.4. CITY-	ST-ZIP	ARBINI, EDWARD 300 WASHINGTON ST. HOLLYWOOD, FL. 320	b/
TITLE	- TDS -		⊠ D	ELETE	4.1 TITLE	_		☐ Change ☐ Addition
NAME	- KANE, THOMAS R.				4 2 NAME	}		
STREET ADDRESS	- 5300 WASHINGTON ST., F-21	16~			4.3 STREE	T ADDRESS		
CITY-ST-ZIP	- HOLLYWOOD, FL 00000				4.4 CITY-			
TITLE	· ·		∐ D	ELETE	5.1 TITLE	N.		Change Addition
NAME	RAMOS, FE++			, !	5.2 NAME		CAMOS, FELIX	E - 206
STREET ADDRESS	5300 W134 149 TOW	<i></i>		7	5.3 STREE	t address 🗦	1310 WASHINGTON ST.	12 - 2 U J
CITY-ST-ZIP			<u></u>		5.4 ÇITY -	ST-ZIP	PAMOS, FCLIX F370 WASHINGTON ST. FOLLYWOOD, FL.]	302/
TITLE	[□ 0	ELETE	6.1 TITLE			Change Addition
NAME					6.2 NAME			
STREET ADDRESS					6.3 STREE	T ADDRESS		
CITY-ST-ZIP					6.4 CITY-	ST-ZIP		

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE A TYPEO OR PRINTED NAME OF SIGNING OFFILE OF RECTOR

1/4/97 954-991-2222 Date Daytime Phone # 0021530