
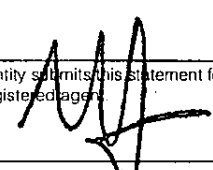
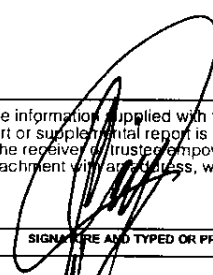


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90403 045 ****61.25

| | | | |
|--|--|---|---|
| DOCUMENT # 751819 | |  | |
| 1. Entity Name TAMIAMI LAKES SECTION 4 HOMEOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 19501 NE 10TH AVE STE 300 MIAMI, FL 33179 | | Mailing Address 19501 NE 10TH AVE STE 300 MIAMI, FL 33179 | |
| 2. Principal Place of Business Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731 | | 3. Mailing Address Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731 | |
| | | 04122006 Chg-NP CR2E037 (11/05) | |
| | | 4. FEI Number 59-2070613 | |
| | | 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 MJB MANAGEMENT SERVICES INC 19501 NE 10TH AVE STE 300 N. MIAMI BEACH, FL 33179 | | 7. Name and Address of New Registered Agent Unlimited Property Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731 | |
| 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  | | DATE <u>4/22/06</u> | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 NAME STREET ADDRESS CITY - ST - ZIP | PD DOUGLAS, RODRIGUEZ 948 SW 136TH PLACE MIAMI, FL 33184 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD DENA, TAPANES 929 SW 136TH PL MIAMI, FL 33184 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REYNOL DOMINGUEZ 957 SW 136th place MIAMI, FL. 33184 SD |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TO CARLOS, MONSON 1018 SW 136TH PL MIAMI, FL 33184 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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 name and address, with all other like empowered. | | | |
| SIGNATURE:  | | DATE <u>4/22/06</u> Daytime Phone # <u>305-553-9731</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |