


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90245 003 \*\*\*\*70.00

**DOCUMENT # 751819**

1. Entity Name  
**TAMIAMI LAKES SECTION 4 HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
~~1725 W. 60 ST.~~  
~~F-330~~  
~~MIAMI, FL 33012~~

Mailing Address  
~~1725 W. 60 ST.~~  
~~F-330~~  
~~MIAMI, FL 33012~~

*Excellent Property Management*

2. Principal Place of Business - No P.O. Box #  
**6955 NW 77<sup>th</sup> AVE**

3. Mailing Address  
**6955 NW 77<sup>th</sup> AVE**

Suite, Apt. #, etc.  
**# 307**

Suite, Apt. #, etc.  
**Ste. #307**

City & State  
**Miami Florida**


City & State  
**Miami, FL**

Zip  
**33066**

Country  
**Miami Dade**

Zip  
**33166**

Country  
**MIAMI-DADE**



04182008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

~~EXCELLENT PROPERTY MANAGEMENT~~  
~~17225 SW 60 STREET~~  
~~STE F-330~~  
~~MIAMI, FL 33012~~

4. FEI Number  
**59-2070613**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent

Name  
**Michael Halberg Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**10800 BISCAYNE BOULEVARD**  
**Suit # 988**

City  
**Miami, FLORIDA**

Zip Code  
**33161**

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 *M Halberg* DATE **4/22/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 DOMINGUEZ, REYNOL 957 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	TD 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
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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
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 an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/20/08** 305-817-8198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR