


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State


DOCUMENT # 768363

1. Entity Name
POND APPLE PLACE IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2950 N 28 TERRACE HOLLYWOOD, FL 33020 US	Mailing Address 2950 N 28 TERRACE HOLLYWOOD, FL 33020 US
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2290683	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

**BROUGH, CHADROW & LEVINE, P.A.
 GLOBAL COMMERCE CENTER
 1900 NORTH COMMERCE PARKWAY
 WESTON, FL 33326**

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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 _____
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, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

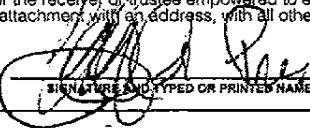

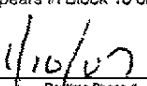
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUBINSTEIN, MARTY 3143 CARAMBARA CIRCLE SOUTH COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUBINSTEIN, BERNICE 3143 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KORNITSKI, MIKE 3251 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FURINO, RENATO 3273 CARAMBIA SOUTH COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, JANICE 3075 CARAMBIA CIR SOUTH COCONUT CREK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/16/07-80059-016 01.25

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debit Phone #