


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90111 014 ****61.25

DOCUMENT # N01000003820
 1. Entity Name
 LVOP 4 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 333 S TAMAMI TRAIL
 STE 101
 VENICE, FL 34285

Mailing Address
 333 S TAMAMI TRAIL
 STE 101
 VENICE, FL 34285

2. Principal Place of Business - No P.O. Box #
 333 S. Tamiami Trail
 Suite, Apt. #, etc.
 Suite 203

3. Mailing Address
 333 S. Tamiami Trail
 Suite, Apt. #, etc.
 Suite 203

City & State
 Venice, FL

City & State
 Venice, FL

Zip
 34285

Country

Zip
 34285

Country

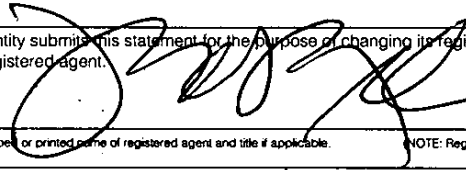


04302008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 MILLER, MICHAEL W
 333 S. TAMAMI TRAIL, STE. 101
 VENICE, FL 34285

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 333 S. Tamiami Trail
 Suite 203
 City Venice FL Zip Code 34285

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 5/1/08

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

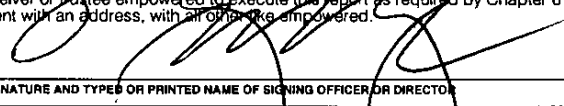
10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS PARRISH, JAYNE E 333 S TAMAMI TRAIL STE 101 VENICE, FL 34285 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MILLER, MICHAEL W 333 S TAMAMI TRAIL STE 101 VENICE, FL 34285 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CONDIT, CLIFF 333 S. TAMAMI TRAIL STE 101 VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 333 S. Tamiami Trail, Suite 203 Venice, FL 34285 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 333 S. Tamiami Trail, Suite 203 Venice, FL 34285 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | STD Timothy D. Miller 333 S. Tamiami Trail, Ste. 203 Venice, FL 34285 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 the empowered.

SIGNATURE:  DATE 5/1/08 DAYTIME PHONE 944 441 651

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