

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N01000003820

Entity Name: LVOP 4 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

333 S TAMIAMI TRAIL  
STE 203  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

333 S TAMIAMI TRAIL  
STE 203  
VENICE, FL 34285

**New Mailing Address:**

FEI Number: 65-1125273      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, MICHAEL W  
333 S. TAMIAMI TRAIL, STE. 203  
VENICE, FL 34285      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            DPS            ( ) Delete  
Name:            PARRISH, JAYNE E  
Address:        333 S TAMIAMI TRL STE 203  
City-St-Zip:    VENICE, FL 34285

Title:            DV            ( ) Delete  
Name:            MILLER, MICHAEL W  
Address:        333 S TAMIAMI TRL STE 203  
City-St-Zip:    VENICE, FL 34285

Title:            STD            ( ) Delete  
Name:            MILLER, TIMOTHY D  
Address:        333 S TAMIAMI TRL STE 203  
City-St-Zip:    VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DPS            (X) Change ( ) Addition  
Name:            MILLER, MICHAEL W  
Address:        333 S TAMIAMI TRL STE 203  
City-St-Zip:    VENICE, FL 34285

Title:            DVP            (X) Change ( ) Addition  
Name:            SMITH, MARC P  
Address:        333 S TAMIAMI TRL STE 203  
City-St-Zip:    VENICE, FL 34285

Title:            DT            (X) Change ( ) Addition  
Name:            ALTMANN, ROBIN  
Address:        333 S TAMIAMI TRL STE 203  
City-St-Zip:    VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W MILLER

DPS

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date