

**2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 15, 2010  
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:**

950 S. TAMIAMI TRAIL  
SUITE 101  
SARASOTA, FL 34236 US

**Current Mailing Address:**

333 S TAMIAMI TRAIL  
STE 203  
VENICE, FL 34285

**New Mailing Address:**

P.O. BOX 49528  
SARASOTA, FL 34230 US

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

**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:**

MALKIN, J. CHRISTOPHER  
950 S. TAMIAMI TRAIL  
SUITE 101  
SARASOTA, FL 34236 US

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: J. CHRISTOPHER MALKIN      10/15/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: MALKIN, J. CHRISTOPHER  
Address: 950 S. TAMIAMI TRAIL, SUITE 101  
City-St-Zip: SARASOTA, FL 34236 US

Title: V/D  
Name: MALKIN, LESLIE K  
Address: 5252 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231 US

Title: S/D  
Name: KESSLER, PHYLLIS K  
Address: 5252 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231 US

I hereby 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 all other like empowered.

SIGNATURE: J. CHRISTOPHER MALKIN      P/D      10/15/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date