

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90040 044 ****61.25



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1. Entity Name
MARSH HARBOUR 4 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**2121 PONCE SE LEON BLVD
 PH
 CORAL GABLES, FL 33134**

Mailing Address
**2121 PONCE SE LEON BLVD
 PH
 CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2074 W. INDIAN DUNE RD

Suite, Apt. #, etc.
STE # 200

City & State
JUPITER, FL

Zip
33458

Country
P. BEACH



08202007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4506825

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, L.L.C.
 100 SE SECOND ST 29TH FL
 MIAMI, FL 33131-2130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 September 14, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, BRUCE	
STREET ADDRESS	2121 PONCE SE LEON BLVD, PH	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHANNON, KARR	
STREET ADDRESS	2121 PONCE SE LEON BLVD, PH	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, KIM	
STREET ADDRESS	2121 PONCE SE LEON BLVD, PH	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA BEGUISTAIN	
STREET ADDRESS	2121 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXIMO CRUZ JR	
STREET ADDRESS	2121 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am empowered.

SIGNATURE: *[Signature]* President 8/27/07 (786) 709-2257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #