


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90039 025 \*\*\*\*61.25

<b>DOCUMENT # N05000010385</b>						
1. Entity Name <b>BRIELLA NO. 4 CONDOMINIUM ASSOCIATION, INC.</b>						
Principal Place of Business <b>C/O GRS MANAGEMENT ASSCS, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33463</b>			Mailing Address <b>C/O GRS MANAGEMENT ASSCS, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33463</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>20-3795403</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
<b>JEFFREY R. MARGOLIS, P.A.                  C/O DUANE MORRIS LLP                  200 SOUTH BISCAYNE BLVD., SUITE 3400                  MIAMI, FL 33131</b>			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)						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
			Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MARGOLIS, STEPHEN	NAME				
STREET ADDRESS	825 CORAL RIDGE DR	STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP				
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GOMEZ, ALBERT	NAME	MICHAEL METZKES			
STREET ADDRESS	825 CORAL RIDGE DR	STREET ADDRESS	825 CORAL RIDGE DRIVE			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	CORAL SPRINGS, FL 33071			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GLUCKMAN, NICHOLAS	NAME	SCOTT BACKMAN			
STREET ADDRESS	825 CORAL RIDGE DR	STREET ADDRESS	825 CORAL RIDGE DRIVE			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	CORAL SPRINGS, FL 33071			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME				
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		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 a power like empowered.						
SIGNATURE: _____				Date: <b>JUL 12 2007</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <b>954-344-8040</b>		