

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90003 034 ****61.25

DOCUMENT # N97000003048

1. Entity Name
PLYMOUTH NO. 4 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **107 PLYMOUTH N WEST PALM BEACH FL 33417**
Mailing Address: **107 PLYMOUTH N WEST PALM BEACH FL 33417**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



MOORE CR2E037 (11/03)

4. FEI Number: **65-0767535** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**LAZAR, IRVING
107 PLYMOUTH N
WEST PALM BEACH FL 33417**

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: *[Signature]* DATE: *[Signature]*
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|--|--|
| TITLE: PD NAME: COHEN, DAVIDINE STREET ADDRESS: 75 PLYMOUTH I CITY-ST-ZIP: WEST PALM BEACH FL 33417 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD NAME: EISS, SYLVIA STREET ADDRESS: 69 PLYMOUTH H CITY-ST-ZIP: WEST PALM BEACH FL 33417 | <input checked="" type="checkbox"/> Delete | TITLE: VD NAME: STEIN, DOROTHEA STREET ADDRESS: 73 PLYMOUTH I CITY-ST-ZIP: WEST PALM BEACH, FL 33417 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: SD NAME: LINGOS, MADELINE STREET ADDRESS: 76 PLYMOUTH I CITY-ST-ZIP: WEST PALM BEACH FL 33417 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VD NAME: WASSERMAN, HARRY STREET ADDRESS: 69 PLYMOUTH H CITY-ST-ZIP: WEST PALM BEACH FL 33417 | <input checked="" type="checkbox"/> Delete | TITLE: VD NAME: BLAUSTEIN, SHELDON STREET ADDRESS: 57 PLYMOUTH G CITY-ST-ZIP: WEST PALM BEACH, FL 33417 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD NAME: LAZAR, IRVING STREET ADDRESS: 107 PLYMOUTH NORTH CITY-ST-ZIP: WEST PALM BEACH FL 33417 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | 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 exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: *[Signature]* IRVING LAZAR 1/27/04 (561) 689-7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #