2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State
01-11-2005 90009 004 ****61.25

DOCUMENT #Z15518

1. Entity Name
BEVERLY HILLS CONDOMINIUM NUMBER FOUR, INC.

Principal Place of Business	Mailing Address
5300 WASHINGTON ST. HOLLYWOOD, FL 33021	5300 WASHINGTON ST F-311 HOLLYWOOD, FL 33021 US

J00001347

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1629263 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAMEROW, JOSEPH H 5300 WASHINGTON ST F-311 S213 HOLLYWOOD, FL 33021	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 JOSEPH H. KAMEROW Joseph H Kamerow 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 May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LA SALLE, ROSE M 5300 WASHINGTON ST 3 204 HOLLYWOOD, FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARBINI, MADELINE 5300 WASHINGTON ST F 220 HOLLYWOOD, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAMEROW, JOSEPH 5300 WASHINGTON ST F311 HOLLYWOOD, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAMEROW, JOSEPH 5300 WASHINGTON ST F311 HOLLYWOOD, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARBINI, EDARD 5300 WASHINGTON ST., F-220 HOLLYWOOD, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LA SALLE, THOMAS J 5300 WASHINGTON E-202 HOLLYWOOD FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COHEN, GERT 5300 WASHINGTON ST F213 HOLLYWOOD, FL 00000, 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, KAREN 5300 WASHINGTON ST F111 HOLLYWOOD, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LA SALLE, THOMAS J 5300 WASHINGTON S F 317 HOLLYWOOD, FL 33021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEVENTHAL, ANDRE 5300 WASHINGTON ST F-315 HOLLYWOOD, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Date _____