

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729472

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: FOUR WINDS, A CONDOMINIUM, INC.

## Current Principal Place of Business:

FOUR WINDS CONDO.  
9225 COLLINS AVE  
SURFSIDE, FL 33154

## New Principal Place of Business:

## Current Mailing Address:

9225 COLLINS AVENUE  
MANAGEMENT OFFICE  
SURFSIDE, FL 33154 US

## New Mailing Address:

FEI Number: 59-1556461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARCADIA VENTURE GROUP INC.  
9225 COLLINS AVE  
MANAGEMENT OFFICE  
SURFSIDE, FL 33154 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TR ( ) Delete  
Name: ALFONSO, BERNICE  
Address: 9225 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: S ( ) Delete  
Name: ANDRADE, DARMA  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: DE ARMAS, EVERALDO  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: P ( ) Delete  
Name: HERNANDEZ, PEDRO G  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: PEREZ, LAZARO  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete  
Name: PRONI, JOHN PHD  
Address: 9225 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LEARY, ADA  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HERNANDEZ, PEDRO G  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change ( ) Addition  
Name: DE LEON, JOSE  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: P (X) Change ( ) Addition  
Name: PRONI, JOHN PHD  
Address: 9225 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BERNICE ALFONSO

TR

04/10/2007

Electronic Signature of Signing Officer or Director

Date