2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07478

FILED Apr 17, 2009 Secretary of State

Entity Name: LA MIRADA AT BOCA POINTE CONDOMINIUM ASSOCIATION NUMBER FOUR INC.

Current Principal Place of Business: New Principal Place of Business:

C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 334878290 US

Current Mailing Address: New Mailing Address:

C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 334878290 US

FEI Number: 59-2680310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWATT, MYRON C/O PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 334878290 US

ENT GROUP, INC.

ERCE BLVD

878290 US

C/O PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 334878290 US

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

SCHNER, LARRY E PA

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: LARRY E. SCHNER, PA 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

 Title:
 PD () Delete

 Name:
 BERLIN, STANTON

 Address:
 7921 LAMIRADA DR

 City-St-Zip:
 BOCA RATON, FL 33433

 Title:
 D
 () Delete

 Name:
 WOLFSON, DANIEL

 Address:
 7923 LA AUROA DRIVE

 City-St-Zip:
 BOCA RATON, FL 33433

Title: D () Delete
Name: KNOWLTON, RON
Address: 7913 LA MIRADA DR

BOCA RATON, FL 33433

City-St-Zip:

Title: D (X) Change () Addition
Name: WOLFSON, DANIEL
Address: 7923 LA MIPADA DR

BERLIN, STANTON

7921 LA MIRADA DR

BOCA RATON, FL 33433

Address: 7923 LA MIRADA DR
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify 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: STANTON BERLIN PD 04/17/2009