I hereby certify that the information indicated on this report or supplemental report is true and	nd accurate and that my electronic signature shall have th	e 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, Florid	a Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: JANET BOWMAN	S/T	01/13/2015

#### SIGNATURE: JANET BOWMAN

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100003820

Entity Name: LVOP 4 CONDOMINIUM ASSOCIATION, INC.

# **Current Principal Place of Business:**

400 COMMERCIAL CRT VENICE, FL 34292

# **Current Mailing Address:**

400 COMMERCIAL CRT VENICE, FL 34292 US

# FEI Number: 65-1125273

# Name and Address of Current Registered Agent:

JACARANDA HOSPITALITY INC. 400 COMMERCIAL CRT VENICE, FL 34292 US

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	BOHDAN GURAN			01/13/2015
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	Р	Title	S/T	
Name	GURAN, BOHAN	Name	BOWMAN, JANET	
Address	400 COMMERCIAL CRT	Address	400 COMMERCIAL CRT	
City-State-Zip:	VENICE FL 34292	City-State-Zip:	VENICE FL 34292	

Secretary of State CC2397851007

FILED Jan 13, 2015

Certificate of Status Desired: No

Date