

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010638

**Entity Name:** MARSH HARBOUR 4 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 MARSH HARBOUR DR  
RIVIERA BEACH, FL 33404

**Current Mailing Address:**

1000 MARSH HARBOUR DR  
RIVIERA BEACH, FL 33404

**FEI Number:** 20-4506825

**Certificate of Status Desired:** No

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

STOLOFF & MANOFF P.A.  
1818 AUSTRALIAN AVE S  
#400  
WEST PALM BEACH, FL 33409 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:** SCOTT STOLOFF

05/08/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAKAROWA, PATRICIA  
Address        1000 MARSH HARBOUR DR  
City-State-Zip: RIVIERA BEACH FL 33404

Title            DIRECTOR  
Name            COOK, DON  
Address        1000 MARSH HARBOUR DR  
City-State-Zip: RIVIERA BEACH FL 33404

Title            SECRETARY  
Name            GORTLER, HARRIS  
Address        1000 MARSH HARBOUR DR  
City-State-Zip: RIVIERA BEACH FL 33404

Title            DIRECTOR  
Name            GORDON, NATHAN  
Address        1000 MARSH HARBOUR DR  
City-State-Zip: RIVIERA BEACH FL 33404

Title            DIRECTOR  
Name            SAMUELS, HESTON  
Address        1000 MARSH HARBOUR DR  
City-State-Zip: RIVIERA BEACH FL 33404

Title            VP  
Name            POLLOCK , KENT  
Address        1000 MARSH HARBOUR DR  
City-State-Zip: RIVIERA BEACH FL 33404

Title            TREASURER  
Name            WALKER, ALLEN  
Address        1000 MARSH HARBOUR DR  
City-State-Zip: RIVIERA BEACH FL 33404

*I hereby 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 all other like empowered.*

**SIGNATURE:** MAKAROWA , PATRICIA

P

05/08/2020

Electronic Signature of Signing Officer/Director Detail

Date