

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 709620

1. Entity Name
ASTOR CONDOMINIUM NO. 4, INC.



Principal Place of Business
419 SOUTH CRESCENT DRIVE
HOLLYWOOD, FL 33021

Mailing Address
419 SOUTH CRESCENT DRIVE
HOLLYWOOD, FL 33021



01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1206275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALTERS, JUDITH
99 JUNIPER RD
HOLLYWOOD, FL 33021

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OTTEN, LOUIS
STREET ADDRESS	419 S CRESCENT DR #15
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VPD
NAME	THOMAS, MARY
STREET ADDRESS	419 CRESCENT DR #9
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	T
NAME	ALTERS, JUDITH
STREET ADDRESS	99 JUNIPER RD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	S
NAME	OLIVER, SARAH
STREET ADDRESS	419 S. CRESCENT DRIVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	P
NAME	SALEM, JIM
STREET ADDRESS	204 N. KETCH DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000399526
02/01/06-80015-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Judith Alters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06
Date

954-983-8696
Daytime Phone #