


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 709620 1. Entity Name ASTOR CONDOMINIUM NO. 4, INC.	
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Principal Place of Business 419 SOUTH CRESCENT DRIVE HOLLYWOOD, FL 33021	Mailing Address 419 SOUTH CRESCENT DRIVE HOLLYWOOD, FL 33021
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03042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1206275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000664073 03/22/07-80030-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTEN, LOUIS 419 S CRESCENT DR #15 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMAS, MARY 419 CRESCENT DR #9 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALTERS, JUDITH 99 JUNIPER RD HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVER, SARAH 419 S. CRESCENT DRIVE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALEM, JIM 204 N. KETCH DR FORT LAUDERDALE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>Judith Alters</u> <u>Judith ALTERS</u> <u>3/6/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small> <u>3/6/07</u> <small>Daytime Phone #</small>
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9-11 002-8191