

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709620

FILED
Apr 20, 2009
Secretary of State

Entity Name: ASTOR CONDOMINIUM NO. 4, INC.

Current Principal Place of Business:

419 SOUTH CRESCENT DRIVE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

419 SOUTH CRESCENT DRIVE
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-1206275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVER, SARHA
419 SOUTH CRESCENT DRIVE
#8
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

OLIVER, SARAH
419 SOUTH CRESCENT DRIVE
#8
HOLLYWOOD, FL 33021 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: SARAH OLIVER

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: OTTEN, LOUIS
Address: 419 S CRESCENT DR #15
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: THOMAS, MARY
Address: 419 CRESCENT DR #9
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: NICKERSON, MAUREEN
Address: 419 S. CRESCENT DRIVE #14
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: OLIVER, SARAH
Address: 419 S. CRESCENT DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: P () Delete
Name: SALEM, JIM
Address: 204 N. KETCH DR
City-St-Zip: FORT LAUDERDALE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MELKONIAN, DAVID
Address: 10330 NW 31 COURT
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: OLIVER, SARAH
Address: 419 S. CRESCENT DRIVE, #8
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change () Addition
Name: BARTHEL, SUSAN
Address: 419 S. CRESCENT DRIVE, #3
City-St-Zip: FORT LAUDERDALE, FL 33021

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: SARAH OLIVER

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date