

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90010 039 ****61.25

DOCUMENT # 710865

1. Entity Name
FOURTH MIRAMAR CONDOMINIUM, INC.



Principal Place of Business
**6740 ARBOR DR
APT. 206
MIRAMAR, FL 33023**

Mailing Address
**6740 ARBOR DR
APT. 206
MIRAMAR, FL 33023**

2. Principal Place of Business - No P.O. Box #

6740 ARBOR DR

3. Mailing Address

6740 ARBOR DR

Suite, Apt. #, etc.

Apt 105

Suite, Apt. #, etc.

Apt 105

City & State

Miramar FL

City & State

Miramar FL

Zip

33023

Country

Zip

33023

Country

USA

03132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1152196

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRESPO, ISRAEL
6740 ARBOR DR #207
MIRAMAR, FL 33023**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRESPO, ISRAEL	
STREET ADDRESS	6740 ARBOR DR., #207	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARRERO, LOURDES	
STREET ADDRESS	6740 ARBOR DR., #106	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	S/T	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, ANJELIKA	
STREET ADDRESS	6740 ARBOR DR # 206	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierre Edouard	
STREET ADDRESS	6740 ARBOR DR. Apt 105	
CITY-ST-ZIP	Miramar FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #