2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2004 8:00 am Secretary of State **DOCUMENT #711348** 02-23-2004 90021 040 ****61.25 PRTH BAY WHITE HOUSE ASSOCIATION NO. 4, INC. Principal Place of Business Mailing Address 1770 79TH ST CSWY APT 312 C/O PMS 8299 CORAL WAY N BAY VIL, FL 33141 US MIAMI, FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E037 (10/03) Applied For City & State 4. FEI Number NOT APPLICABLE City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT SERVICES CORP Street Address (P.O. Box Number is Not Acceptable) 8299 CORAL WAY MIAMI, FL 33155 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TIT! F OILL, MINNIE NAME NAME STREET ADDRESS 1770 79TH ST CSWY STREET ADDRESS N BAY VILLAGE, FL CITY-ST-ZIP CITY - ST - ZIE VPD ☐ Change ☐ Addition ☐ Delete TITLE TITLE PEREZ, MARGARITA M NAME NAME 1770 KENNEDY CSWY, #305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 CITY-ST-7IP ■ Addition ☐ Delete TITLE TITLE وه به 🕳 پیمانی BELTRAN, PEDRO NAME. STREET ADDRESS 1770 KENNEDY CSWY, #105 STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report of 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 of 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 allast ment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cate Dayting Phone #

FILED