2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

03-10-2008 90071 047 ****61.25

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1. Entity Name



FOURTH		CONDOMINIUM C	ORP., INC.							
Principal Plac 1304 N.E. 19 NORTH MIAN	91ST STREET	Γ	Mailing Addres 1304 N.E. 19 NORTH MIAM		3179		660			
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Mailing Add	ess						
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.	·	02182008 C	Chg-NP	CR2E037	(12/06)	
City & State	е		City & State	1		4. FEI Number 59-11741	13		, , ,	plied For
Zip		Country	Zip		Country	5. Certificate of S	itatus Desired		3.75 Ado	litional
	6. Name	and Address of Current I	Registered Agent			7. Name and Ad-	dress of New R	egistered Age	ent	
KATZ, HEI					Name					
1304 NE 1 #129 A					Street Address	s (P.O. Box Number is	Not Acceptable	*)		
N. MIAMI E	BEACH, FL	_ 33179								
					City			FL	Zip Cod	
	named entity tions of registe	submits this statement for ered agent.	the purpose of ch	nanging its regis	stered office or regis	tered agent, or both, in	n the State of Flo	rida. I am farr	niliar with,	and accept
SIGNATURE .	Signature, typed o	or printed name of registered agent s	nd title if applicable.	(NOTE: Regis	stered Agent signature requi	red when reinstating)	· · · · · ·	DATE		
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	-	e is \$61.25 ay 1, 2008		ection Campaig rust Fund Contri	· -	\$5.00 May Be Added to Fees		ake check p da Departm		
10.	-		Tr	ust Fund Contri	· -		Flori	da Departm	ent of St	ate .
10.	-	ay 1, 2008	ECTORS	rust Fund Contri	bution.	Added to Fees	Flori	da Departm	ent of St	ate .
	Due by M	OFFICERS AND DIR	ECTORS	ust Fund Contri	bution. 11.	Added to Fees	Flori	da Departm	ent of SI	ate
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #