

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90092 018 \*\*\*\*61.25

**DOCUMENT # 715518**

1. Entity Name

BEVERLY HILLS CONDOMINIUM NUMBER FOUR, INC.



Principal Place of Business

5300 WASHINGTON ST.  
HOLLYWOOD FL 33021

Mailing Address

5300 WASHINGTON ST  
F-311  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1629263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAMEROW, JOSEPH H  
5300 WASHINGTON ST F-311  
S213  
HOLLYWOOD FL 33021

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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          | SD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | HUESING, RUTH              |                                            |
| STREET ADDRESS | 5300 WASHINGTON ST 3 204   |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL               |                                            |
| TITLE          | PD                         | <input type="checkbox"/> Delete            |
| NAME           | KAMEROW, JOSEPH            |                                            |
| STREET ADDRESS | 5300 WASHINGTON ST F311    |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL               |                                            |
| TITLE          | TD                         | <input type="checkbox"/> Delete            |
| NAME           | BARBINI, EDARD             |                                            |
| STREET ADDRESS | 5300 WASHINGTON ST., F-220 |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL               |                                            |
| TITLE          | VD                         | <input type="checkbox"/> Delete            |
| NAME           | COHEN, GERT                |                                            |
| STREET ADDRESS | 5300 WASHINGTON ST F213    |                                            |
| CITY-ST-ZIP    | HOLLYWOOD, FL 00000 33021  |                                            |
| TITLE          | VD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | TRMENS, ELMER              |                                            |
| STREET ADDRESS | 5300 WASHINGTON S F 317    |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021         |                                            |
| TITLE          | VD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | RAMOS, CARMEN              |                                            |
| STREET ADDRESS | 5300 WASHINGTON S F 317    |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021         |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                                         |
|----------------|-------------------------|-----------------------------------------------------------------------------------------|
| TITLE          | SD                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LASALLE, ROSE M.        |                                                                                         |
| STREET ADDRESS | 5300 WASHINGTON S E-204 |                                                                                         |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021      |                                                                                         |
| 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LASALLE, THOMAS J.      |                                                                                         |
| STREET ADDRESS | 5300 WASHINGTON S E-202 |                                                                                         |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021      |                                                                                         |
| 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 exemption stated in Section 119.07(3)(i), 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:**

*Joseph H. Kammerow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-981-2120