2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State

DOCUMENT # 726545 1. Entity Name OMEGA CONDOMINIUM NO. 4, INC.						04-12-200′	7 90025	045 ****(61.25	
75 NE 6TH A	AGEMENT GROUP	Mailing Address Pointe Management Group 75 Ne 6th Ave. #200 Delray Beach, Fl 33483								
Principal Place of Business - No P.O. Box # 3. Mailing Add						<u> </u>		U 4 (2) 6(6) 6(6)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	hg-NP	CR2E03	37 (12/06)			
City & State		City & State		4. FEI Number 59-161709)1		<u> </u>	plied For at Applicable		
Zip	Country	Zip	Çou	intry	5. Certificate of St	atus Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent			7. Name and Add	ress of New R	Registered A	Agent		
ESTERANEZ ERIC				Name	Name					
ESTEBANEZ, ERIC C/O POINTE MANAGEMENT GROUP 75 NE 60TH AVE. #206			Street Address	Street Address (P.O. Box Number is Not Acceptable)						
DELRAY B	BEACH, FL 33483									
			City			FL Zip Code				
	named entity submits this statement for tions of registered agent.	he purpose of changing its	registere	ed office or registe	ered agent, or both, in	the State of Flo	orida. I am i	familiar with,	and accept	
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE										
'	Signature, typed or printed name of registered agent and	d title if applicable. (NOTi	E: Registered	d Agent signature require	ed when reinstating)		DATE		ļ	
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund C	npaign F	inancing	\$5.00 May Be Added to Fees	Flor	lake check rida Depar	c payable to	tate	
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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: _

SNATURE AND TYPED OR PRINTED MADE OUS IGNING OFFICER OR DIDEC

4.9.07

954.505.2303

Daytime Phone #