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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # 727268 1. Entity Name BROOKFIELD GARDENS CONDOMINIUM FOUR, INC.							07 90 2 0	3 043 ****(61.25	
495 S.E. 8TH APT. 136	e of Business H STREET BEACH, FL 33441	Mailing Address 495 S.E. 8TH STREET APT. 136 DEERFIELD BEACH, FL	33441					i dini aid ii 6300 bia	BINIAN AN (2004	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242007	Chg-NP	CR2	E037 (12/ 0 6)		
City & State		City & State			4. FEI Numbe 59-1520		-		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	a 🗆	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	Nama		7. Name and	Address of Nev	v Register	ed Agent		
FERNANDEZ, JORGE				Name Street Address (P.O. Box Number is Not Acceptable)						
495 SE 8 S DEERFIEL	D BEACH, FL 33441		Street	daress (F	CO, BOX NUMBE	er is Not Accepta	ible)			
								1		
			City				•	Zip Cod		
The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office o	r registere	ed agent, or bot	h, in the State of	Florida. 1	am familiar with,	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE.	Registered Agent signal	ture required	when reinstating)	······································	DA'	TE.		
SIGNATURE .										
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May B		Make ch	eck payable t		
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Camp Trust Fund Co	oaign Financing ontribution.		\$5.00 May B Added to Fees		Make ch lorida De	eck payable t partment of S	tate V 10	
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12. Thereby certify that the information supplied with this filling 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

561-543.3737

Daytime Phone #