2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# 729472

Entity Name: FOUR WINDS, A CONDOMINIUM, INC.

Current Principal Place of Business:

FOUR WINDS CONDO.
9225 COLLINS AVE
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9225 COLLINS AVENUE
MANAGEMENT OFFICE
SURFSIDE, FL 33154 US

New Mailing Address:

FOUR WINDS CONDO.
9225 COLLINS AVE
SURFSIDE, FL 33154

FEI Number: 59-1556461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARCADIA VENTURE GROUP INC.
9225 COLLINS AVE
MANAGEMENT OFFICE
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TR	( ) Delete
Name:	ALFONSO, BERNICE	
Address:	9225 COLLINS AVE	
City-St-Zip:	SURFSIDE, FL 33154	
Title:	S	( ) Delete
Name:	LEARY, ADA	
Address:	9225 COLLINS AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	DE ARMAS, EVERALDO	
Address:	9225 COLLINS AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	VP	( ) Delete
Name:	HERNANDEZ, PEDRO G	
Address:	9225 COLLINS AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	DEL SOL, YOLANDA	
Address:	9225 COLLINS AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	P	( ) Delete
Name:	PRONI, JOHN PHD	
Address:	9225 COLLINS AVE	
City-St-Zip:	SURFSIDE, FL 33154	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FERNANDEZ, MARIA E D	
Address:	9225 COLLINS AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN RODRIGUEZ CAM 05/05/2009

Electronic Signature of Signing Officer or Director — Date