

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 24, 2010**  
**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:**FOUR WINDS CONDO.  
9225 COLLINS AVE  
SURFSIDE, FL 33154**New Mailing Address:****FEI Number:** 59-1556461**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****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  
Name: FERNANDEZ, MARIA E TR  
Address: 9225 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: S  
Name: LEARY, ADA S  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: DE LEON, JOSE  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: VP  
Name: HERNANDEZ, PEDRO G  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: DEL SOL, YOLANDA  
Address: 9225 COLLINS AVE  
City-St-Zip: MIAMI, FL 33186

Title: P  
Name: PRONI, JOHN DR  
Address: 9225 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

I hereby 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 all other like empowered.

SIGNATURE: ADA LEARY

S

05/24/2010

Electronic Signature of Signing Officer or Director

Date