## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 25, 2008 08:00 AN Secretary of State **DOCUMENT # 735220** 1. Entity Name 4081 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4081 NORTH FEDERAL HIGHWAY 1530 SOUTHEAST 14 COURT POMPANO BEACH FL 33064-6082 DEERFIELD BEACH FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-1666384 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VENTURINO, NESTOR Street Address (P.O. Box Number is Not Acceptable) 1530 SOUTHEAST 14 COURT DEERFIELD BEACH FL 33441 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or conted name of registered agent and at all applicable (NOTE: Registered Agent signature regulared when reinstating) CATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ۷D TITLE Delete TITLE ☐ Addition Change AMATO, CARMINE NAME NAME *U00000836944* 2701 NE 47TH ST STREET ADDRESS STREET ADDRESS 03/04/08-80037-002 61.25 LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP CHTY - ST- ZiP TITLE Delete TITLE ☐ Change Addition VENTURINO, NESTOR NAME NAME 1530 SOUTHEAST 14 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CUTY- ST- ZIP S/D Delete TITLE Change Addition VOLKMEIER, HANS NAME NAME 4081 N FED HWY STE 201B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TOTLE ☐ Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

### STOR Venturior

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