


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90202 016 ****61.25

DOCUMENT # 742155

1. Entity Name
BARWOOD CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business
**23249 BARWOOD LANE NORTH
 BLDG #5
 BOCA RATON, FL 33428**

Mailing Address
**23249 BARWOOD LANE NORTH
 BLDG #5
 BOCA RATON, FL 33428**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01212007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1832431

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, FRED
 23249 BARWOOD LN NORTH
 SUITE 403
 BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Fred Stewart* **FRED** DATE: 4-23-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TETREV, BOB 23249 BARWOOD LN NORTH #207 BOCA RATON, FL 33428 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZACHOS, JOHN 23249 BARWOOD LN., N. #408 BOCA RATON, FL 33428 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEWART, FRED <i>LN</i> 23249 BARWOOD <i>AVE</i> , #403 BOCA RATON, FL 33428 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SMEYNE, ALAN <i>LN</i> 23249 BARWOOD <i>AVE</i> , #208 BOCA RATON, FL 33428 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICOTTILLI, JOHN 23249 BARWOOD LANE NW #409 BOCA RATON, FL 33428 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KAZAZIS, MICHAEL 23249 BARWOOD LN, #401 BOCA RATON, FL 33428 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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 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: *Fred Stewart* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR