

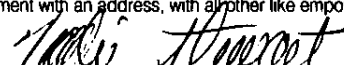


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90034 001 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1832431	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEWART, FRED 23249 BARWOOD LN NORTH SUITE 403 BOCA RATON, FL 33428			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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$51.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TETREV, BOB		NAME	MILLER, BARBARA	
STREET ADDRESS	23249 BARWOOD LN NORTH #207		STREET ADDRESS	23249 BARWOOD LN NORTH, #203	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACHOS, JOHN		NAME		
STREET ADDRESS	23249 BARWOOD LN., N. #408		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, FRED		NAME		
STREET ADDRESS	23249 BARWOOD AVE, #403		STREET ADDRESS	23249 BARWOOD LN NORTH, #403	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAZAZIS, MICHAEL		NAME		
STREET ADDRESS	12149 BARWOOD LN 401		STREET ADDRESS	23249 BARWOOD LN NO, #401	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICOTTILLI, JOHN		NAME		
STREET ADDRESS	23249 BARWOOD LANE NW #409		STREET ADDRESS	23249 BARWOODS LANE NO, #409	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MAASS, SUSAN	
STREET ADDRESS			STREET ADDRESS	23166 SW 58 AVENUE	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL 33428	
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:  DATE: _____ DAYTIME PHONE #: _____					