## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 742155**

FILED Apr 07, 2009 Secretary of State

Entity Name: BARWOOD CONDOMINIUM IV ASSOCIATION, INC.

|  | rincipai Piace   | of Business:   | New Prince  | ipal Place of Business:   |
|--|--|--|---|---|
| 3LDG #5  | RWOOD LANE   |  |   |   |
|  | ailing Addres  |  | New Maili   | ng Address:   |
| 3249 BAE   | RWOOD LANE   | NORTH  |   |   |
| 3LDG #5  | TON, FL 33428  |  |   |   |
|  | 59-1832431   | FEI Number Applied For()   | FEI Number Not App  | icable ( ) Certificate of Status Desired ( )  |
| lame and   | Address of C   | urrent Registered Agent:   | Name and  | Address of New Registered Agent:  |
| STEWART  | , FRED   |  |   |   |
| 3249 BAF<br>SUITE 403  | RWOOD LN NO  | ORTH   |   |   |
|  | TON, FL 33428  | 8 US   |   |   |
|  | named entity s<br>of Florida.  | submits this statement for the p   | ourpose of changing i   | ts registered office or registered agent, or both   |
| SIGNATUR   | RE:  |  |   |   |
|  | Electron   | ic Signature of Registered Ag  | ent   | Date  |
| FFICERS  | S AND DIREC  | TORS:  | ADDITION  | S/CHANGES TO OFFICERS AND DIRECTO   |
|  |  |  |   |   |
|  | ` '  | Delete   | Title:  | ( ) Change ( ) Addition   |
| ame:   | MILLER, BARB   | ARA  | Title:<br>Name:<br>Address:   | () Change () Addition   |
| ame:<br>ddress:  | MILLER, BARB   | ARA<br>OD LN NORTH #203  | Name:   | ()Change ()Addition   |
| ame:<br>ddress:<br>ity-St-Zip:<br>itle:  | MILLER, BARBA<br>23249 BARWO<br>BOCA RATON,  | ARA<br>OD LN NORTH #203<br>FL 33420<br>Delete  | Name:<br>Address:<br>City-St-Zip:<br>Title:   | ( ) Change ( ) Addition ( ) Change ( ) Addition   |
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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: SUSAN MAASS T 04/07/2009