

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749632

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: PAR 4 CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

3136 FINSTERWALD DR  
#3  
TITUSVILLE, FL 32780 US

## Current Mailing Address:

3136 FINSTERWALD DR  
#3  
TITUSVILLE, FL 32780 US

FEI Number: 59-2172407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

3144 FINSTERWALD DR.  
#5  
TITUSVILLE, FL 32780 US

## New Mailing Address:

3144 FINSTERWALD DR.  
#5  
TITUSVILLE, FL 32780 US

## Name and Address of Current Registered Agent:

LIVINGSTON, SHARON K  
3136 FINSTERWALD DR  
#3  
TITUSVILLE, FL 32780 US

## Name and Address of New Registered Agent:

AMAYA, TIA R  
3144 FINSTERWALD DR.  
#5  
TITUSVILLE, FL 32780 US

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: TIA AMAYA

03/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: HILL, JANIS  
Address: 1485 WELLINGTON CIR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S/T ( ) Delete  
Name: LIVINGSTON, SHARON K  
Address: 3136 FINSTERWALD DR #3  
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete  
Name: MENDOZA, KIMBERLY  
Address: 3132 FINSTERWALD DR., 2  
City-St-Zip: TITUSVILLE, FL 32780

Title: P (X) Delete  
Name: ULMER, GERALD W  
Address: 3152 FINSTERWALD DR. #7  
City-St-Zip: TITUSVILLE, FL 32780

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HILL, JANIS  
Address: 1485 WELLINGTON CIR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: S/T (X) Change ( ) Addition  
Name: AMAYA, TIA R  
Address: 3144 FINSTERWALD DR. #5  
City-St-Zip: TITUSVILLE, FL 32780

Title: VPD (X) Change ( ) Addition  
Name: MENDOZA, KIMBERLY  
Address: 3132 FINSTERWALD DR., 2  
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIA AMAYA

S/T

03/11/2009

Electronic Signature of Signing Officer or Director

Date