## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 767917** 

FILED Mar 14, 2008 Secretary of State

Entity Name: GOLDEN RAINTREE IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:		
C/O HRT REALTY SERVICES 1060 HOLLAND DRIVE #3-D BOCA RATON, FL 33487		1200 CLINT MOOR	C/O HRT REALTY SERVICES 1200 CLINT MOORE ROAD # 8 BOCA RATON, FL 33487		
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
C/O HRT REALTY SERVICES 1060 HOLLAND DRIVE- #3-D BOCA RATON, FL 33487			C/O HRT REALTY SERVICES 1200 CLINT MOORE ROAD # 8 BOCA RATON, FL 33487		
El Number:	: 59-2290686	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
	ABOLA CIR S T CREEK, FL				
		submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both	
the State	e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both	
the State	e of Florida. Î RE:	submits this statement for the parties of the parties of Registered Against Signature of Registered Againstered Ag		ered office or registered agent, or both	
the State	e of Florida. Î RE:	nic Signature of Registered Age	ent		
the State	e of Florida.  RE: Electror  S AND DIREC  PD ( GOWEN, CIND 3423 CARAMB	nic Signature of Registered Age TORS: ) Delete Y	ent	Date	
the State IGNATUF FFICER: tle: ame: ddress:	e of Florida.  RE: Electror  S AND DIREC  PD ( GOWEN, CIND 3423 CARAMB POMPANO BE,  VPD ( YARRISH, JEF 3335 CARAMB	nic Signature of Registered Age FTORS:  ) Delete NY OLA CIR S ACH, FL 33066  ) Delete FREY	ent  ADDITIONS/CHAN  Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO	
the State GNATUR  FFICERS  le: ime: idress: ty-St-Zip: le: ime: idress:	E of Florida.  RE:  Electror  S AND DIREC  PD (1000 GOWEN, CIND) 3423 CARAMB POMPANO BEAN, JEF 3335 CARAMB POMPANO BEAN, FAY 3509 CARABO	nic Signature of Registered Age FTORS:  ) Delete  Y  OLA CIR S  ACH, FL 33066  ) Delete  FREY  OLA CIR S  ACH, FL 33066	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  NGES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition	

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: CINDY GOWEN PD 03/14/2008