2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 767917

Entity Name: GOLDEN RAINTREE IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O HRT REALTY SERVICES
1200 CLINT MOORE ROAD # 8
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

C/O HRT REALTY SERVICES
1200 CLINT MOORE ROAD # 8
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-2290686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CINDY, GOWEN
3423 CARABOLA CIR S
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOWEN, CINDY
Address: 3423 CARAMBOLA CIR S
City-St-Zip: POMPANO BEACH, FL 33066

Title: VPD ( ) Delete
Name: YARRISH, JEFFREY
Address: 3335 CARAMBOLA CIR S
City-St-Zip: POMPANO BEACH, FL 33066

Title: STD ( ) Delete
Name: BEAN, FAY
Address: 3509 CARABOLA CIR S
City-St-Zip: POMPANO BEACH, FL 33066

Title: D ( ) Delete
Name: SABATINO, JOSEPH
Address: 3371 CARABOLA CIR S
City-St-Zip: POMPANO BEACH, FL 33066

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D ( ) Change (X) Addition
Name: BAER, JEFFREY
Address: 3365 CARAMBOLA CIR S
City-St-Zip: POMPANO BEACH, FL 33066

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 P 04/15/2009

Electronic Signature of Signing Officer or Director — Date