


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90111 014 \*\*\*\*61.25

<b>DOCUMENT # N01000003820</b> 1. Entity Name LVOP 4 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 333 S TAMiami TRAIL STE 101 VENICE, FL 34285		Mailing Address 333 S TAMiami TRAIL STE 101 VENICE, FL 34285	
2. Principal Place of Business - No P.O. Box # 333 S. Tamiami Trail Suite, Apt. #, etc. Suite 203 City & State Venice, FL Zip 34285		3. Mailing Address 333 S. Tamiami Trail Suite, Apt. #, etc. Suite 203 City & State Venice, FL Zip 34285	
4. FEI Number 65-1125273		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 S. TAMiami TRAIL, STE. 101 VENICE, FL 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 S. Tamiami Trail Suite 203 City Venice FL Zip Code 34285	
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 _____ <small>Signature, type or printed name of registered agent and title if applicable.</small>		DATE <u>5/1/08</u> <small>NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS PARRISH, JAYNE E. 333 S TAMiami TRAIL STE 101 VENICE, FL 34285	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, MICHAEL W 333 S TAMiami TRAIL STE 101 VENICE, FL 34285	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONDIT, CLIFF 333 S. TAMiami TRAIL STE 101 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Timothy D. Miller 333 S. Tamiami Trail, Ste. 203 Venice, FL 34285	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Timothy D. Miller 333 S. Tamiami Trail, Ste. 203 Venice, FL 34285	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Timothy D. Miller 333 S. Tamiami Trail, Ste. 203 Venice, FL 34285	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/1/08</u> Daytime Phone # <u>941 441 1651</u>	