
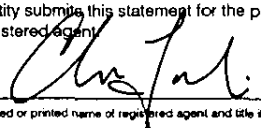
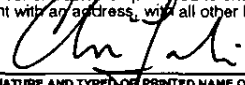


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90191 013 \*\*\*\*70.00

<b>DOCUMENT # N01000004987</b> 1. Entity Name 4TH AVENUE CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 46 WASHINGTON BOULEVARD SUITE 1 SARASOTA, FL 34236 US			Mailing Address PO BOX 349 BRADENTON BEACH, FL 34217 US		
2. Principal Place of Business - No P.O. Box # 4005 4th AVENUE		3. Mailing Address 89 BAY 23rd ST.			
Suite, Apt. #, etc. HOLMES BEACH		Suite, Apt. #, etc. BROOKLYN			
City & State HOLMES BEACH		City & State NEW YORK			
Zip F3 34217		Country US		4. FEI Number 81-0552751	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent PERRYMAN, IAN K 2306 CANASTA DRIVE BRADENTON BEACH, FL 34217			7. Name and Address of New Registered Agent Name CHRISTOPHER TABICK Street Address (P.O. Box Number is Not Acceptable) 4005 4TH AVENUE City HOLMES BEACH FL Zip Code 34217		
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:  CHRISTOPHER TABICK (PTD) 22 JAN 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PERRYMAN, JENNIFER S 2306 CANASTA DRIVE BRADENTON BEACH, FL 34217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TABICK, JENNIFER 4005 4TH AVENUE HOLMES BEACH FL 34217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERRYMAN, IAN K 2306 CANASTA DRIVE BRADENTON BEACH, FL 34217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TABICK CHRISTOPHER 4005 4TH AVENUE HOLMES BEACH FL 34217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODE, CASSANDRA J 2306 CANASTA DRIVE BRADENTON BEACH, FL 34217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, JAMES 4003 4TH AVENUE HOLMES BEACH FL 34217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 like empowered.					
SIGNATURE:  X CHRISTOPHER 22 JAN 2007 917 251 3778 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CHECK ENC: \$70.