2005 NOT-FOR-PROFIT CORPORATION ··- ANNUAL REPORT (AR)

## Apr 19, 2005 8:00 am Secretary of State DOCUMENT # N04000010549 1. Entity Name 03-29-2005 90021 015 \*\*\*\*61.25 BRADENTON BEACH CLUB BUILDING 4 CONDOMINIUM ASSOCIATION, INC.--Principal Place of Business Mailing Address 251 17TH STREET NORTH BRADENTON FL 34217 251 17TH STREET NORTH BRADENTON FL 34217 2. Principal Place of Business 3. Mailing Address 260 1744 STREET 60 1744 STREET Suite Apt. #, etc. 1st MOORE CR2E037 (10/04) FEI Number City & State City & State Applied For BRADENFON I EAOH RADENTON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MANATEL 42,7 MANATE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DYKXHOORN, JACOB C 251 17TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) \_\_\_ BRADENTON FL 34217 City Zip Code 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 Signature, typed or printed name of registared agent and title if applicable (NOTE Recisioned Accent extrasture recurred when reinstature) DATE MATERIA WAS THE BOOK OF FILE NOW: FEE IS \$61.25% Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTOR 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DILE ☐ Delete TITLE HAZLETT, H LYNN NAME NAME 251 17TH STREET NORTH STREET ADDRESS STREET ADDRESS BRADENTON FL 34217 CITY-ST-7IP CITY-ST-ZIP TIRLE Delete. TITLE . ■ Addition OTTO, TRICIA NAME NAME STREET ADDRESS 251 17TH STREET NORTH STREET ADDRESS BRADENTON FL 34217 CITY-ST-2IP CtTY-51-712 Tille Delete TITLE Addition MAME SCHECK, JOHN W NAME 145 LAKE OTIS ROAD STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33844 City-St-7IP CITY-ST-ZP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP 1th F ☐ Delete DITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta DILE Change ☐ Addilion NAME SURFEL ADDRESS STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 improvement. SIGNATURE:

FILED