
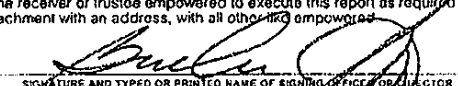


FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90036 001 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | |
|--|--|---|--|
| DOCUMENT # N04000010638 | |  | |
| 1. Entity Name MARSH HARBOUR 4 CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 2121 PONCE SE LEON BLVD PH CORAL GABLES, FL 33134 | | Mailing Address 2074 W. INDIANTOWN RD STE #200 JUPITER, FL 33458 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| REGISTERED AGENTS OF FLORIDA, L.L.C. 100 SE SECOND ST 29TH FL MIAMI, FL 33131-2130 | | Name <u>GARY FIELDS</u> Street Address (P.O. Box Number is Not Acceptable) <u>4400 PGA BLVD.</u> <u>SUITE 900</u> City <u>PALM BEACH GARDENS FL</u> Zip Code <u>33410</u> | |
| 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  | | DATE <u>4/7/08</u> | |
| 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 | TSD ADAMS, BRUCE 2121 PONCE SE LEON BLVD, PH CORAL GABLES, FL 33134 <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 | P BEGUIRSTAIN, BARBARA 2121 PONCE SE LEON BLVD CORAL GABLES, FL 33134 <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 | VP CRUZ, MAXIMA JR 2121 PONCE SE LEON BLVD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>CRUZ, MAXIMO, JR.</u> |
| 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 817, 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 info empowered. | | | |
| SIGNATURE:  | | DATE <u>3/12/08</u> PHONE <u>786-709-2257</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>BARBARA BEGUIRSTAIN, PRESIDENT</u> | | | |

40098340



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4506825 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required