

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N04159

1. Entity Name
**LAKE WINDWOOD CONDOMINIUM IV ASSOCIATION,
INC.**



Principal Place of Business
**325 PALMWOOD PLACE
BOCA RATON, FL 33431**

Mailing Address
**325 PALMWOOD PLACE
BOCA RATON, FL 33431**



01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2438788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPER, SHARI
315 PALMWOOD PL, P117
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, MAGDA 1020 NW 6TH AVENUE BOCA RATON, FL 334322527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, SHARI 315 PALM WOOD PLACE #P-117 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LITSKY, JANE 325 PALM WOOD PLACE #P-214 BOCA RATON, FL 33431
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UN00000447816
03/08/06-80071-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #