


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

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90159 042 \*\*\*\*61.25

<b>DOCUMENT # N05000000837</b>			
1. Entity Name EL JARDIN IV CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % 600 CORPORATE DRIVE, STE 102 FT LAUDERDALE, FL 33334		Mailing Address % 600 CORPORATE DRIVE, STE 102 FT LAUDERDALE, FL 33334	
2. Principal Place of Business 4380 U.S. Hwy #1 Suite, Apt. #, etc.		3. Mailing Address 4380 U.S. Hwy #1 Suite, Apt. #, etc.	
City & State Vero Beach FL		City & State Vero Beach FL	
Zip 32967	Country	Zip F	Country
6. Name and Address of Current Registered Agent HASTINGS, CHERYL L ESQ. PELICAN BAY CORPORATE CENTRE 5551 RIDGEWOOD DR, STE 501 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name: <u>SPEECHLY JR. CLIFFORD S.</u> Street Address (P.O. Box Number is Not Acceptable): <u>4380 U.S. Hwy #1</u> City: <u>VERO BEACH</u> FL Zip Code: <u>32967</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: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.		CLIFFORD S. SPEECHLY JR, Mgr. 4/27/06 (NOTE: Registered Agent signature required when reappointing) DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	D JOSE, TIRSO SAN 600 CORPORATE DR, STE 102 FT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Nicole Mallie 4380 U.S. Hwy #1 Vero Beach FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZITZMANN, MICHAEL 600 CORPORATE DR, STE 102 FT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Veronica GUNDERMAN 4380 U.S. Hwy #1 Vero Beach FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDIVIA, ALBERT 600 CORPORATE DR, STE 102 FT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS/T GARY Reichow 4380 U.S. Hwy #1 Vero Beach FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Clifford S. Speechly Jr 4380 U.S. Hwy #1 Vero Beach FL 32967 <input type="checkbox"/> Change <input checked="" 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		CLIFFORD S. SPEECHLY JR. 4/27/06 Date Daytime Phone #	