

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000837

FILED
Apr 30, 2008
Secretary of State

Entity Name: EL JARDIN IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4380 US HWY 1
VERO BEACH, FL 32967

New Principal Place of Business:

5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457

Current Mailing Address:

5955 TG LEE BLVD. SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

5955 TG LEE BLVD. SUITE 300
STE 300
ORLANDO, FL 328224457

FEI Number: 20-2287201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEECHLY, CLIFFORD S JR
4380 US HWY 1
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457 US

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.

SIGNATURE: REBECCA FURLOW

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: MALLIE, NICOLE
Address: 4380 US HWY 1
City-St-Zip: VERO BEACH, FL 32967

Title: DV () Delete
Name: GUNDERMAN, VERONICA
Address: 4380 US HWY 1
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: REICHEW, GARY
Address: 4380 US HWY 1
City-St-Zip: VERO BEACH, FL 32967

Title: VS () Delete
Name: SPEECHLY, CLIFFORD S JR
Address: 4380 US HWY 1
City-St-Zip: VERO BEACH, FL 32967

Title: DP (X) Delete
Name: BEAMER, ADAM
Address: 4380 U.S. HWY #1
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MALLIE, NICHELE
Address: 180 CALLE EL JARDIN # 204
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D (X) Change () Addition
Name: GUNDERMAN, VERONICA
Address: 180 CALLE EL JARDIN #203
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D (X) Change () Addition
Name: REICHEW, GARY
Address: 620 PALENCIA CLUB DRIVE #103
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D (X) Change () Addition
Name: BEAMER, ADAM
Address: 400 LA TRAVESIA FLORA #202
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHELE MALIE

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date