

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010196

FILED
Jul 10, 2008
Secretary of State

Entity Name: DAVID FOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4023 SAWYER RD
SARASOTA, FL 34233

New Principal Place of Business:

7958 KAVANAGH CT
SARASOTA, FL 34240

Current Mailing Address:

4023 SAWYER RD
SARASOTA, FL 34233

New Mailing Address:

7958 KAVANAGH CT
SARASOTA, FL 34240

FEI Number: 59-2536908 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, STEPHEN T
4023 SAWYER RD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

SOMMERS, MICHAEL
7958 KAVANAGH CT
SARASOTA, FL 34240 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: MICHAEL SOMMERS

07/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, STEPHEN T
Address: 4023 SAWYER RD
City-St-Zip: SARASOTA, FL 34233

Title: VPD () Delete
Name: KLOSNER, JOHN D
Address: 4023 SAWYER RD
City-St-Zip: SARASOTA, FL 34233

Title: SD (X) Delete
Name: CONNOURS, DOUGLAS J
Address: 4023 SAWYER RD
City-St-Zip: SARASOTA, FL 34233

Title: TD (X) Delete
Name: KLOSNER, J. RUSSELL
Address: 4023 SAWYER RD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOMMERS, MICHAEL
Address: 7958 KAVANAGH CT
City-St-Zip: SARASOTA, FL 34240

Title: VPD (X) Change () Addition
Name: SOMMERS, RUBY M
Address: 7958 KAVANAGH CT
City-St-Zip: SARASOTA, FL 34240

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

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: MICHAEL SOMMERS

PD

07/10/2008

Electronic Signature of Signing Officer or Director

Date