

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006767

FILED
Jan 21, 2009
Secretary of State

Entity Name: FOGGY RIDGE COMMONS 4 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

24152 STATE RD 54 STE 2
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

24152 STATE RD 54 STE 2
LUTZ, FL 33559

New Mailing Address:

FEI Number: 20-5560168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHURST, GERALD E II
24152 STATE RD 54 STE 2
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: WHITEHURST, GERALD E II
Address: 24152 STATE RD 54 STE 2
City-St-Zip: LUTZ, FL 33559

Title: DST () Delete
Name: WHITEHURST, NICHOLE
Address: 24152 STATE RD 54 STE 2
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: FERREIRA, ANTONIO E
Address: 24152 STATE RD 54 STE 2
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: FERREIRA, JARVAS P
Address: 24152 STATE RD 54 STE 2
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GERALD WHITEHURST

D

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date