2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N06000009633



FILED Jan 14, 2008 8:00 am Secretary of State

OCEAN FOUR CONDOMINIUM ASSOCIATION, INC.					01-1	4-2008 9008	35 027 ****70	.00
Principal Place of Business Mailing Address 11980 SW 144TH CT, SUITE 211 MIAMI, FL 33186 MiAMI, FL 33186 Mailing Address 11980 SW 144TH CT, SUITE 211 MIAMI, FL 33186					-			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			ress					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032008 Ch	g-NP	CR2E037 (12/0	06)
Synny ISHS BRACH, FL		City & State			4. FEI Number 20-5569059	9		Applied For Not Applicable
Zip Country 33160 USA		Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent			7. Name and Addr	ess.of.New.Re	gistered Agent .	
ATLANTIC & PACIFIC MANAGEMENT 800 PALM TRAIL			Name Street	Name EB MANAGEMENT Group Street Address (P.O. Box Number is Not Acceptable)				
SUITE 2 DELRAY BEACH, FL 33483				<u>8</u> N	SIN IVE	1+m (L	Surte	211
City					ami	1	FL Zip	Code S3186
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office			the State of Flori	ida. I am familiar i	with, and accept
SIGNATURE Signature, typed of grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required whe						1/8/0	DATE	
		9. Election Campaign Financing Trust Fund Contribution.						
	Filing Fee is \$61.25 Due by May 1, 2008	Trust Fund Co	-		\$5.00 May Be Added to Fees		ke check payab la Department (
10.		Trust Fund Co	-	<u>U</u>		Florid	la Department o	of State
10. TITLE	Due by May 1, 2008 OFFICERS AND DIR PRES	Trust Fund Co	intribution.	<u>U</u>	Added to Fees	Florid	la Department o	of State
TITLE NAME	OFFICERS AND DIR PRES FELDMAN, GREGORY	Trust Fund Co	11. TITLE NAME		Added to Fees DDITIONS/CHANGE	Florid S TO OFFICER	S AND DIRECTOR	of State
TITLE NAME STREET ADDRESS	OFFICERS AND DIR PRES FELDMAN, GREGORY 17201 COLLINS AVE., #3001	Trust Fund Co	11. TITLE NAME STREET ADDRESS	1198	Added to Fees DDITIONS/CHANGE O SW 144	Florid ES TO OFFICER	S AND DIRECTOR Cha	of State
TITLE NAME	OFFICERS AND DIR PRES FELDMAN, GREGORY	Trust Fund Co	11. TITLE NAME	1198	Added to Fees DDITIONS/CHANGE	Florid ES TO OFFICER	S AND DIRECTOR Cha	of State IS IN 10 Inge
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRES FELDMAN, GREGORY 17201 COLLINS AVE., #3001 SUNNY ISLES, FL 33160 VP BARUCH, KALMAN DR.	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	nas mia	Added to Fees DDITIONS/CHANGE O SW 144 Mi FL	# C+ #	S AND DIRECTOR Cha	of State IS IN 10 Inge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRES FELDMAN, GREGORY 17201 COLLINS AVE., #3001 SUNNY ISLES, FL 33160 VP	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ings mia	Added to Fees DDITIONS/CHANGE O SW 1447 MI FL 30 SW 14	# C+ # 33186	S AND DIRECTOR O Cha	of State IS IN 10 Inge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FELDMAN, GREGORY 17201 COLLINS AVE., #3001 SUNNY ISLES, FL 33160 VP BARUCH, KALMAN DR. 100 STUART STREET SAVANNAH, GA 31405 SEC	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	ings mia	Added to Fees DDITIONS/CHANGE O SW 1447 MI FL 30 SW 14 Amni, FC	# C+ # 33181 24th C+ . 331°	S AND DIRECTOR Cha Cha Cha Cha Cha Cha Cha Ch	of State SIN 10 nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FELDMAN, GREGORY 17201 COLLINS AVE., #3001 SUNNY ISLES, FL 33160 VP BARUCH, KALMAN DR. 100 STUART STREET SAVANNAH, GA 31405	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ings mia	Added to Fees DDITIONS/CHANGE O SW 1447 MI FL 30 SW 14 Amni, FC	# C+ # 33186	S AND DIRECTOR Cha Cha Cha Cha Cha Cha Cha Ch	of State SIN 10 nge
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PRES FELDMAN, GREGORY 17201 COLLINS AVE., #3001 SUNNY ISLES, FL 33160 VP BARUCH, KALMAN DR. 100 STUART STREET SAVANNAH, GA 31405 SEC ROMANO, EDGARDO 6767 COLLINS AVE., # 1904 MIAMI BEACH, FL 33141	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1198 min 1198 mi	Added to Fees DDITIONS/CHANGE O SW 1447 MI FL BO SW 14 Arrhi, FC BO SW	# C+ # 33181 24th C+ 33181	A Department of S AND DIRECTOR A Cha	of State S IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRES FELDMAN, GREGORY 17201 COLLINS AVE., #3001 SUNNY ISLES, FL 33160 VP BARUCH, KALMAN DR. 100 STUART STREET SAVANNAH, GA 31405 SEC ROMANO, EDGARDO 6767 COLLINS AVE., # 1904 MIAMI BEACH, FL 33141 TRES	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1198 min 1198 mi	Added to Fees DDITIONS/CHANGE O SW 1447 MI FL BO SW 14 Arrhi, FC BO SW	# C+ # 33181 4 C+ # 33181 4 C+ # C+	S AND DIRECTOR Cha Cha Cha Cha Cha Cha Cha Ch	of State S IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PRES FELDMAN, GREGORY 17201 COLLINS AVE., #3001 SUNNY ISLES, FL 33160 VP BARUCH, KALMAN DR. 100 STUART STREET SAVANNAH, GA 31405 SEC ROMANO, EDGARDO 6767 COLLINS AVE., # 1904 MIAMI BEACH, FL 33141 TRES ARBELEAZ, JORGE	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1198 min 1198 mi	Added to Fees DDITIONS/CHANGE O SW 1447 MI FL BO SW 14 Arrhi, FC BO SW	# C+ # 33181 4 C+ # 33181 4 C+ # C+	A Department of S AND DIRECTOR A Cha	of State S IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRES FELDMAN, GREGORY 17201 COLLINS AVE., #3001 SUNNY ISLES, FL 33160 VP BARUCH, KALMAN DR. 100 STUART STREET SAVANNAH, GA 31405 SEC ROMANO, EDGARDO 6767 COLLINS AVE., # 1904 MIAMI BEACH, FL 33141 TRES	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1198 min 1198 mi	Added to Fees DDITIONS/CHANGE O SW 1447 MI FL BO SW 14 Arrhi, FC BO SW	# C+ # 33181 4 C+ # 33181 4 C+ # C+	A Department of S AND DIRECTOR A Cha	of State S IN 10 Addition
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r nereby 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 parity at other like empowered.

SIGNATURE: