


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90160 001 \*2,266.25

**DOCUMENT # N07000002185**

1. Entity Name  
**CORONADO AT DORAL IV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 1245 MILITARY TRAIL SUITE 100 DEERFIELD BEACH, FL 33442	Mailing Address 1245 MILITARY TRAIL SUITE 100 DEERFIELD BEACH, FL 33442
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**66007022**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-8911364</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUMPHRIES, MICHAEL			NAME	PAPADIMITRIOU, AMALIA		
STREET ADDRESS	1245 MILITARY TRAIL #100			STREET ADDRESS	1245 MILITARY TRAIL SUITE 100		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBERTSON, KARL			NAME			
STREET ADDRESS	1245 MILITARY TRAIL #100			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PAPADIMITRIOU, AMALIA			NAME	BRADY, DAVID		
STREET ADDRESS	1245 MILITARY TRAIL #100			STREET ADDRESS	1245 MILITARY TRAIL SUITE 100		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAUSMAN, CHRISTIAN			NAME			
STREET ADDRESS	1245 MILITARY TRAIL #100			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **4/4/08** Daytime Phone #: **954-941-3000**