2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005409

FILED Mar 29, 2009 Secretary of State

Entity Name: MONROE IV BUILDING "D" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2200 LUCIEN WAY SUITE 350 MAITLAND, FL 32751 **New Mailing Address: Current Mailing Address:** PO BOX 940877 MAITLAND, FL 32794 FEI Number: 26-0301441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OSWALD & OSWALD, P.L. ATTN: KENNETH F ÓSWALD, ESQ 222 S WESTMONTE DRIVE, SUITE 210 ALTAMONTE SPRINGS, FL 32714 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHIEFERDECKER, HOWARD Name: Name: Address: 2200 LUCIEN WAY, SUITE 350 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition LIVINGSTON, GEORGE D Name: Name: Address: 2200 LUCIEN WAY, SUITE 350 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition LONGSTAFF, G GEOFFREY Name: Name: 2200 LUCIEN WAY, SUITE 350 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: () Delete Title: Title: () Change (X) Addition Name: Name: GOERGEN, JOHN 1030 HANGING VINE POINT Address: Address: City-St-Zip: City-St-Zip: LONGWOOD, FL 32750

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: ROBIN J WEEKS MGR 03/29/2009