2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10817

FILED Mar 27, 2008 Secretary of State

Entity Name: FOUR FARRELL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2708 ALT. 19 NORTH SUITE 603 PALM HARBOR, FL 34683 **New Mailing Address: Current Mailing Address:** 2708 ALT. 19 NORTH SUITE 603 PALM HARBOR, FL 34683 FEI Number: 59-2617051 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: PMS MANAGEMENT SERVICES, INC. 2708 ALT. 19 NORTH SUITE 603 PALM HARBOR, FL 34683 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 KRAKOSHKY, CHARLES Name: Name: 3423 MERMOOR DR #208 Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: Title: (X) Change () Addition () Delete GILPIN, VERA Name: BORNOST, VANESAA Name: Address: 3423 MERMOOR DR. #206 Address: 3423 MERMOOR DRIVE # 306 City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: () Delete Title: (X) Change () Addition GOOD, GILBERT ELMORE, ROBERT Name: Name: 3423 MERMOOR DR, 109 3423 MERMOOR DR, # 207 Address: Address: City-St-Zip: PALM HARBOR, FL 34605 City-St-Zip: PALM HARBOR, FL 34605 (X) Change () Addition Title: () Delete Title: D KALLAS, DEBRA Name: GOOD, REGGIE Name: 3423 MERWOOD DR, # 109 3423 MERMOOR DR, # 109 Address: Address: City-St-Zip: PALM HARBOR, FL City-St-Zip: PALM HARBOR, FL 34685 Title: (X) Delete Title: () Change () Addition ELMORE, ROBERT Name: Name: 3423 MERMOOR,# 207 Address: Address: City-St-Zip: PALM HARBOR, FL 34685 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: CHARLES KRAKOSKY PRES 03/27/2008