

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N19828**

1. Entity Name  
**THE PARK AT WINDWOOD CONDOMINIUM IV  
ASSOCIATION, INC.**



Principal Place of Business  
**3300 JAYWOOD TERRACE OFFICE  
BOCA RATON, FL 33431 US**

Mailing Address  
**3300 JAYWOOD TERRACE OFFICE  
BOCA RATON, FL 33431 US**



01302006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2831105**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RYAN, MARTIN  
351 EASTWOOD TERRACE  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	MURPHY, ELEANOR
STREET ADDRESS	2472 SOUTHRIDGE ROAD
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	PD
NAME	RYAN, MARTIN
STREET ADDRESS	351 EASTWOOD TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	EVANS, RICK
STREET ADDRESS	3300 JAYWOOD TERR., #J-215
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000447828  
03/03/06-80071-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

Daytime Phone #