

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-14-2008 90033 018 ****61.25

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**~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
c/o Gates Mgmt Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. Box 2568

01242008 Chg-NP CR2E037 (12/06)

City & State

City & State
Boca Raton, FL

4. FEI Number
59-2831105

Applied For
☐ Not Applicable

Zip

Country

Zip
33427

Country

US

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~**RYAN, MARTIN
361 EASTWOOD TERRACE
BOCA RATON, FL 33431**~~

7. Name and Address of New Registered Agent

Name
Michael J. Gelfand

Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Blvd.

Suite 1220

City
West Palm Beach

FL

Zip Code
33401

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/29/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eleanor Murphy, Secy
Date Daytime Phone

2/15/08