2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N28875

Entity Name: 4TH STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

550 S. BREVARD AVENUE
UNIT 521
COCOA BEACH, FL 22312

New Principal Place of Business:

Current Mailing Address:

550 S. BREVARD AVENUE
UNIT 521
COCOA BEACH, FL 22312

New Mailing Address:

FEI Number: 59-3075431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOGESHKUMAR, PATEL
6850 N. ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	YOGESHKUMAR, PATEL	
Address:	6820 N. ATLANTIC AVENUE	
City-St-Zip:	CAPE CANAVERAL, FL 32920	
Title:	TD	( ) Delete
Name:	TIPTON, DAVID	
Address:	550 S. BREVARD AVENUE	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	SD	( ) Delete
Name:	DYER, MICHAEL	
Address:	442 SO ATLANTIC AVENUE #1	
City-St-Zip:	COCOA BEACH, FL 32931	
Title:	D	( ) Delete
Name:	CAMPBELL, KYLE	
Address:	442 S ATLANTIC AVE #3	
City-St-Zip:	COCOA BEACH, FL 32931	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: DAVID TIPTON TREA 02/04/2009

Electronic Signature of Signing Officer or Director — Date