

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 19, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N46475**

1. Entity Name  
**FOUR GULF CONDO ASSN., INC.**



Principal Place of Business

**4 GULF BLVD  
204  
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address

**4 GULF BLVD  
204  
INDIAN ROCKS BEACH, FL 33785 US**



03142007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3135212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COPPEN, MIRTHA C  
4 GULF BLVD  
UNIT 204  
INDIAN ROCKS BEACH, FL 33785**

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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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	COPPEN, JOSE L.
STREET ADDRESS	4 GULF BLVD #204
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL
TITLE	VD
NAME	COPPEN, MIRTHA E
STREET ADDRESS	226 RHODES BLVD
CITY-ST-ZIP	BELLE MEAD, NJ
TITLE	PTD
NAME	COPPEN, MIRTHA C.
STREET ADDRESS	4 GULF BLVD #204
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80012-005 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:**

*Mirtha C. Coppin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March '07* (727) 595-0566  
Date Daytime Phone #