

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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**

DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP

CR2E037 (4/06)

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 renewing)

DATE

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

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	

100000784000
01/16/08-80038-007 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

1/8/2008

Date

727-595-0566

Daytime Phone #