2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2009
Secretary of State

DOCUMENT# N46475

Entity Name: FOUR GULF CONDO ASSN., INC.

Current Principal Place of Business:

4 GULF BLVD
204
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

4 GULF BLVD
204
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

FEI Number: 59-3135212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COPPEN, MIRTHA C
4 GULF BLVD
UNIT 204
INDIAN ROCKS BEACH, FL 33785 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: VD ( ) Delete
Name: COPPEN, JOSE L.
Address: 4 GULF BLVD #204
City-St-Zip: INDIAN ROCKS BEACH, FL

Title: VD ( ) Delete
Name: COPPEN, MIRTHA E
Address: 226 RHODES BLVD
City-St-Zip: BELLE MEAD, NJ

Title: PTD ( ) Delete
Name: COPPEN, MIRTHA C.
Address: 4 GULF BLVD #204
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: COPPEN, JOSE L.
Address: 4 GULF BLVD #204
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: VD (X) Change ( ) Addition
Name: COPPEN, MIRTHA E
Address: 4 GULF BLVD #204
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

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: MIRTHA C. COPPEN PTD 06/27/2009

Electronic Signature of Signing Officer or Director — Date