

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # N50119

1. Entity Name
**FOUR WAY LODGE ESTATES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**3470 POINCIANA AVE
MIAMI, FL 33133**

Mailing Address

**3470 POINCIANA AVE
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



04292004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0392145

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SF&F RESIDENT AGENTS, INC.
201 S. BISCAYNE BLVD.
STE. 3000
MIAMI, FL 33131**

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAHNE, PATRICIA
3470 POINCIANA AVENUE
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SHAPO, RON
3400 POINCIANA AVE
COCONUT GROVE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KAUFMAN, JAMES
3373 POINCIANA AVE
COCONUT GROVE, FL**

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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IN THIS SPACE**

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05/04/04-80083-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Patricia Dahne Patricia Dahne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

786-268-
Daytime Phone # 8990