# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 15, 2006 8:00 am**
**Secretary of State**
08-15-2006 90004 011 ****70.00

DOCUMENT # N50119

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

| Principal Place of Business | Mailing Address |
|---|---|
| 3470 POINCIANA AVE<br>MIAMI, FL 33133 | 100 SOUTH POINTE DR<br>APT 1001<br>MIAMI BEACH, FL 33139 |

08142006 Chg-NP CR2E037 (4/06)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3360 POINCIANA AVE | 3360 POINCIANA AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI FL | City & State: MIAMI FL |
| Zip: 33133 Country | Zip: 33133 Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| SF&F RESIDENT AGENTS, INC.<br>201 S. BISCAYNE BLVD.<br>STE. 3000<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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: Melanie Everett 8-14-06
Signature, address, or both, required. (NOTE: Registered Agent signature required in order to change) DATE

**Filing Fee is $61.25**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DAHNE, PATRICIA<br>100 SOUTH POINTE DR, APT 1001<br>MIAMI BEACH, FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MELANIE EVERETT<br>3360 POINCIANA AVE<br>MIAMI FL 33133 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KAUFMAN, JAMES<br>3373 POINCIANA AVE<br>COCONUT GROVE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SCHWARTZ, SALLY<br>3403 POINCIANA DR<br>MIAMI, FL 33133 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Melanie Everett 8-14-06 305-529-2883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #