

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

FILED
Jun 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N50119

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



Principal Place of Business
**3360 POINCIANA AVE
MIAMI, FL 33133**

Mailing Address
**100 SOUTH POINTE DR
APT 1001
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE



06122007 No Chg-NP CR2E037 (4/06)

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 September 14, 2007**

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
**TD
EVERETT, MELANIE
3360 POINCIANA AVE
MIAMI, FL 33133**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SCHWARTZ, SALLY
3403 POINCIANA DR
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000766329
06/14/07-80003-008 70.00

**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:

Melanie Everett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-07

DATE

305-529-2883

DRY-INK PHONE #