




# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90074 004 \*\*\*\*61.25

<b>DOCUMENT # N96000001818</b> 1. Entity Name <b>THE OAKVIEW CONDOMINIUM ASSOCIATION NO. 4, INC.</b>					
Principal Place of Business <b>305 ALCAZAR AVE</b> <b>CORAL GABLES, FL 33134 US</b>			Mailing Address <b>PO BOX 144636</b> <b>CORAL GABLES, FL 33114</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold;">50021247</div>  <div style="font-size: 10pt;">01262005 Chg-NP CR2E037 (10/03)</div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1629756</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24pt; font-weight: bold;">50021247</div>  <div style="font-size: 10pt;">01262005 Chg-NP CR2E037 (10/03)</div>	
6. Name and Address of Current Registered Agent  <b>SANTOS, SOLANGEE Z CAM</b> <b>305 ALCAZAR AVE</b> <b>CORAL GABLES, FL 33134</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URDANAVIA, SALVADOR 305 ALCAZAR AVE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>RODRIGUEZ, LOIS</del> <del>305 ALCAZAR AVE</del> <del>CORAL GABLES, FL 33134</del>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIAZ, ALFREDO 305 ALCAZAR AVE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAMIREZ, JUAN 305 ALCAZAR AVE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD TD SEIBOLD, ANDREA 305 ALCAZAR AVE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGYAGASY, STEVE 305 ALCAZAR AVE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUSANA Gal 305 Alcazar Ave Coral Gables FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manuel R Martinez 305 Alcazar Ave Coral Gables FL 33134				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Salvador Urdanavia</u> <span style="float: right;">1/26/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>					