2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006388

FILED Apr 16, 2009 Secretary of State

Entity Name: VERANDA AT DORAL CONDOMINIUM NO. 4 ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
Bullelli Fillicipai Flace VI Busilless.	New Fillicipal Flace of Dusilless.

GUARANTEE MANAGEMENT 790 WEST 20TH STREET

MIAMI, FL 33166 2ND FLOOR

HIALEAH, FL 33010

Current Mailing Address: New Mailing Address:

6925 NW 42ST 790 WEST 20TH STREET

MIAMI, FL 33166 2ND FLOOR HIALEAH, FL 33010

FEI Number: 65-0983229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEIN, STEVEN FOUR POINTS PROPERTY MANAGEMENT, INC.

900 SOUTH STATE RD 7 790 WEST 20TH STREET PLANTATION, FL 33307 US 2ND FLOOR

LANTATION, FL 33307 US 2ND FLOOR MIAMI, FL 33010 US

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: FOUR POINTS PROPERTY MANAGEMENT, INC. 04/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 ORTEGA, AMALIA
 Name:

 Address:
 5275 NW 112 AVE #107
 Address:

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 VELOSQURZ, FARIDIS
 Name:

 Address:
 5265 NW 42 AVE #104
 Address:

 City-St-Zip:
 MIAMI, FL 33178
 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: AMALIA ORTEGA PD 04/16/2009