

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 11, 2005 08:00 AM
Secretary of State**DOCUMENT # V55959**1. Entity Name
ATLANTIC BEACH CLUBS FOUR, INC.

Principal Place of Business

3700 GALT OCEAN DRIVE
APT. 1201
FT. LAUDERDALE, FL 33308

Mailing Address

3700 GALT OCEAN DRIVE
APT. 1201
FT. LAUDERDALE, FL 33308

07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0357285Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ULLMAN, BILL
3120 SOUTHEAST FINANCIAL CENTER
200 SO. BISCAYNE BLVD.
MIAMI, FL 33131-2331**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 designating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HARRISON, JAMES R.
STREET ADDRESS	3700 GALT OCEAN DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000371896
07/11/05-80006-020 150.00**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/09/05