

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90060 046 ****61.25

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01052005 Chg-NP CR2E037 (10/03)

DOCUMENT # 724524 1. Entity Name HABITAT II CONDOMINIUM, INC.					
Principal Place of Business 7100 W. COMMERCIAL BLVD. STE 107 FORT LAUDERDALE, FL 33319 US			Mailing Address 7100 WEST COMMERCIAL BLVD SUITE 107 LAUDERHILL, FL 33319		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1504769				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMBASSADOR COUNMINTY MANGEMENT 7100 W.COMMERCIAL BLVD. FORT LAUDERDALE, FL 33319			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, JAMES		NAME	Jones, James	
STREET ADDRESS	5915 NW 21ST STREET #77 E		STREET ADDRESS	5915 N.W. 21st Street # 77E	
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP	Lauderhill, FL 33313	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLS, JANICE A		NAME		
STREET ADDRESS	760 NW 17TH STREET		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33606		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, FRED		NAME		
STREET ADDRESS	4550 NW 24TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAI, JAMES		NAME		
STREET ADDRESS	4721 NW 8TH DR.		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, OWEN		NAME		
STREET ADDRESS	2206 NW 59 TERR #81E		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CANCIL, MARVIN		NAME	Wentz, Ellen Roland	
STREET ADDRESS	2208 N.W. 59TH TERR. 68A		STREET ADDRESS	5850 N.W. 21st Street # 43B	
CITY-ST-ZIP	LAUDERHILL, FL 33313		CITY-ST-ZIP	Lauderhill, FL 33313	
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>J. Jones</u> 2/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					