

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90059 028 ****61.25

DOCUMENT # 724524

1. Entity Name
HABITAT II CONDOMINIUM, INC.



Principal Place of Business

**7100 W. COMMERCIAL BLVD.
STE 107
LAUDERHILL, FL 33319 US**

Mailing Address

**7100 W. COMMERCIAL BLVD.
STE 107
LAUDERHILL, FL 33319 US**

DO NOT WRITE IN THIS SPACE



01252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1504769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KATZMAN & KORR
1501 NORTHWEST 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309**

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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 May 1, 2008**

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
**SD
TRUE, ALEXIA
5618 NW 21ST STREET
LAUDERHILL, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
THOMAS, FRED
4550 NW 24TH STREET
LAUDERHILL, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERRING, CHÈRE
2120 NW 57TH AVE.
LAUDERHILL, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
WEBB, OWEN
2206 NW 59 TERR #81E
FORT LAUDERDALE, FL 33319**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAUD, MATTHEW
5612 N.W. 21 ST, 30B
LAUDERHILL, FL 33313**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GELB, DANIEL
5800 NW 22 ST
LAUDERHILL, FL 33313**

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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:

Fred Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #