

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737296

FILED
Mar 16, 2007
Secretary of State

Entity Name: NASSAU VILLAGE WEST II ASSOCIATION, INC.

Current Principal Place of Business:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

New Mailing Address:

FEI Number: 59-1708041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE BANDLER
1310 AVENUE OF THE STARS
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALDMAN, DANIEL
Address: 2602 NASSAU BEND, APT B-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD () Delete
Name: CIORCIARI, JOHN
Address: 2604 NASSAU BEND H-2
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD () Delete
Name: SCIPIONE, KAY
Address: 2606 NASSAU BEND APT G2
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD () Delete
Name: ELSTEIN, SAM
Address: 2605 NASSAU BEND, APT B-2
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD () Delete
Name: RYNONE, ANNA MAE
Address: 2606 NASSAU BEND, APT A-1
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARNETT, ALLAN
Address: 2605 NASSAU BEND, APT B-1
City-St-Zip: COCONUT CREEK, FL 33066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCIPIONE, KAY
Address: 2606 NASSAU BEND APT G2
City-St-Zip: COCONUT CREEK, FL 33066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN CIORCIARI

P

03/16/2007

Electronic Signature of Signing Officer or Director

Date