



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90098 036 ****61.25

DOCUMENT # 754222 1. Entity Name THE PINES OF BOCA BARWOOD II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O DCI PROP MGMT 2035 HARDING ST, STE 200 HOLLYWOOD, FL 33020 US			Mailing Address C/O DCI PROP MGMT 2035 HARDING ST, STE 200 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business - No P.O. Box # 56 Benchmark Property Mgmt Suite, Apt. #, etc. 7932 Wiles Rd. City & State Coral Springs FL Zip 33007 Country USA		3. Mailing Address 56 Benchmark Property Mgmt Suite, Apt. #, etc. 7932 Wiles Rd City & State Coral Springs, FL Zip 33007 Country USA			
4. FEI Number 59-2095445				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04072008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MEYROWITZ, ANDREW DCI 2035 HARDING ST, STE 200 HOLLYWOOD, FL 33020			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 _____ (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. <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 NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, JOAN 23344 CAROLWOOD LANE #6106 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fiorello, George 23255 Carolwood Lane #9201 Boca Raton FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRANTZ, DOROTHY 23345 CAROLWOOD LANE, #5407 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Asmus, Walter 23345 Carolwood Lane #5305 Boca Raton FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINETLI, IRENE 23344 CAROL WOOD LN #6503 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Capece, Donald 23345 Carolwood Lane #5306 Boca Raton FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHUBOW, MICHAEL 23344 CAROL WOOD LN #6402 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Shelley, Ronni 23345 Carolwood Lane #5406 Boca Raton FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHELLEY, RONNI 23345 CAROL WOOD LN #5408 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Annacore, Louis 23345 Carolwood Lane #5406 Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>George Fiorello</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-11-08</u> Daytime Phone # _____		

President