2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#754222

FILED Mar 25, 2009 Secretary of State

Entity Name: THE PINES OF BOCA BARWOOD II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Prin	New Principal Place of Business:		
	HMARK PRO	PERTY	MGMT				
932 WILE OMPANO	S ROAD BEACH, FL	33067	US				
urrent Mailing Address:				New Mail	New Mailing Address:		
O BENC	HMARK PRO	PERTY	MGMT				
932 WILE OMPANC	S ROAD D BEACH, FL	33067	US				
	59-2095445		ımber Applied For()	FEI Number Not App	Dicable () Certificate of Status D	Desired ()	
ame and	Address of	Current	Registered Agent:	Name and	d Address of New Registered Ago	ent:	
	(AYE & ASSC						
	6TH WAY SU ERDALE, FL		US				
		submits	this statement for the p	urpose of changing	its registered office or registered ag	gent, or both,	
	of Florida.						
IGNATUF		nio Siana	ature of Registered Age	nnt .	 Date		
		_	iture or Registered Age				
FFICERS	S AND DIREC	TORS:		ADDITIO	NS/CHANGES TO OFFICERS ANI	DIRECTOR	
tle: ame:	P (FIORELLO, GI) Delete		Title: Name:	() Change () Addition		
ddress:	23255 CAROL		NE 9201	Address:			
ty-St-Zip:	BOCA RATON	FL 33428	3	City-St-Zip:			
tle:) Delete		Title:	VP (X) Change () Addition		
ame: ddress:	ASMUS, WALL 23345 CAROL		ANE 5305	Name: Address:	ASMUS, WALTER 23345 CAROLLWOOD LANE 5305		
ty-St-Zip:	BOCA RATON			City-St-Zip:			
-							
:le: ame:	T (CAPECE, DON) Delete		Title: Name:	T (X) Change()Addition KENNY, LAWRENCE		
ine. Idress:	23345 CAROL		NE 5306	Address:	23345 CAROLWOOD LANE 5109		
ty-St-Zip:	BOCA RATON			City-St-Zip:			
tle:	S () Delete		Title:	() Change () Addition		
ame:	SHELLEY, RO			Name:			
ddress:	23345 CAROL			Address:			
ty-St-Zip:	BOCA RATON	FL 33428	3	City-St-Zip:			
tle:	,) Delete		Title:	() Change () Addition		
ame:	ANNA CONE, I		NE E406	Name:			
ddress: ity-St-Zip:	23345 CAROL CRYSTAL RIV			Address: City-St-Zip:			
, O. 2.p.	O.C. O.D. ICIV	,, 07	120	51.3 St-21p.			

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE FIORELLO P 03/25/2009