2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 767098

Entity Name: ROYAL PARK II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% SOUTHEAST CONDO MANAGEMENT INC.
2855 N. UNIVERSITY DR STE 310
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

% SOUTHEAST CONDO MANAGEMENT INC.
2855 N. UNIVERSITY DR STE 310
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 59-2790498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER & TIGHE, P.A.
800 E BROWARD BLVD, SUITE 710
FORT LAUDERDALE, FL 33301 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: T ( ) Delete
Name: MICHAUD, DEBRA
Address: 8121 TWIN LAKE DR
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: LEWIS, ELAODETTE
Address: 3647 CORAL SPRINGS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: P ( ) Delete
Name: GHAZI, ZOHRA
Address: 10905 NW 41 DR
City-St-Zip: POMPANO BEACH, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: LEWIS, CLAODETTE
Address: 3647 CORAL SPRINGS DR
City-St-Zip: CORAL SPRINGS, FL 33065

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

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: DEBRA MICHAUD TREA 01/07/2009

Electronic Signature of Signing Officer or Director — Date