


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90158 024 ****61.25

DOCUMENT # N02000003833

1. Entity Name
PROFILES II HOMEOWNERS ASSOCIATION INC.



Principal Place of Business
**19451 SHERIDAN ST., #107
PEMBROKE PINES FL 33332**

Mailing Address
**19451 SHERIDAN ST., #107
PEMBROKE PINES FL 33332**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
38-3651494

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CONOVER, JESSICA
19451 SHERIDAN ST., #107
PEMBROKE PINES FL 33332

7. Name and Address of New Registered Agent

Name: **Katzman + Korr**

Street Address (P.O. Box Number is Not Acceptable):
5581 W Oakland Park Blvd.

Inverrary Financial Ctr

City: **Lauderhill** FL Zip Code: **33313**

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: *Ferron L. Korr, Esq.* DATE: **4/22/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROMERO, LATICIA	
STREET ADDRESS	18821 NW 22ND ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASEY, HANA	
STREET ADDRESS	18941 NW 22ND ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORALES, KATHY	
STREET ADDRESS	18830 NW 22ND ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burnett, Fiolina	
STREET ADDRESS	18910 NW 19 ST	
CITY-ST-ZIP	P Pines FL 33029	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rigg, Peter	
STREET ADDRESS	18831 NW 22 ST	
CITY-ST-ZIP	P Pines FL 33029	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Belonger, Raymond	
STREET ADDRESS	18871 NW 22 ST	
CITY-ST-ZIP	P. Pines FL 33029	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cinna, Yvonne	
STREET ADDRESS	18931 NW 22 ST	
CITY-ST-ZIP	P Pines FL 33029	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAYON, Helene	
STREET ADDRESS	18880 NW 19 ST	
CITY-ST-ZIP	P Pines FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Leticia Romero* **REQUIRED 4/7/03** **954 7324542**

CR2E037 (10/02)

attachment

70047425
NO 2000003833

KATZMAN & KORR



A Professional Association of Attorneys

FLORIDA OFFICES

FORT LAUDERDALE AREA
Lauderhill

WEST PALM BEACH AREA
Boynton Beach

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FERREN L. KORR

RACHEL E. FRYDMAN
DAVID A. KUPPERMAN
MARK M. HEINISH
ERIC M. APPEL
MICHAEL E. CHAPNICK
GUSTAVO G. ALARCON
MARK D. BOGEN

April 22, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Profiles II Homeowners Association, Inc.
Uniform Business Report/ Our File No.: 10821**

Dear Sir/Madam:

Enclosed please the fully executed Uniform Business Report as well as the applicable filing fees. Should you have any questions or comments with respect to the contents of this letter or the enclosure, please feel free to contact me.

Sincerely,

KATZMAN & KORR, P.A.

Ferren L. Korr, Esq.
Managing Partner

FLK:edw

Enclosure

cc: Board of Directors