


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90059 024 ****61.25

DOCUMENT # N03067

1. Entity Name
**TURNPIKE COMMERCIAL PLAZA, PHASE II,
 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
 1791 BLOUNT RD.
 BAY 812
 POMPANO BEACH, FL 33069

Mailing Address
 % WAYNE HORWITZ, CPA
 3511 W. COMMERCIAL BLVD., SUITE 402
 FORT LAUDERDALE, FL 33309

JUUJ2070



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

3. Mailing Address
800 Corporate Drive
 Suite, Apt. #, etc.
Suite 310
 City & State
Fort Lauderdale, Florida
 Zip
33334

03252005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2515088

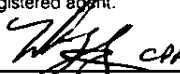
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HORWITZ, WAYNE CPA
3511 W. COMMERCIAL BLVD.
SUITE #402
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent
 Name
Wayne Horwitz, C.P.A.
 Street Address (P.O. Box Number is Not Acceptable)
800 Corporate Drive
Suite 310
 City
Fort Lauderdale FL Zip Code
33334

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  **3-25-05**

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

Filing Fee is **\$61.25** Due by **May 1, 2005**

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

Make check payable to **Florida Department of State**

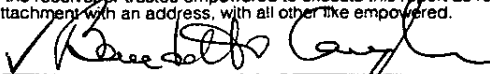
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOBIONDO, SAL 1791 BLOUNT RD. #704 POMPANO BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENEDETTO, CANGIALOSI 1791 BLOUNT ROAD # 705 POMPANO BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUCCIACCIARO, DOMINIC 1791 BLOUNT ROAD # POMPANO BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALVO, PAUL 1791 BLOUNT ROAD #914 POMPANO BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOBIONDO, GERALD 1791 BLOUNT RD. #920 POMPANO BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **3/29/05** **954 4105986**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #