

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL  
AND  
FILED

05 DEC 21 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N03067</b>					
<b>1. Entity Name</b> TURNPIKE COMMERCIAL PLAZA, PHASE II, CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1791 BLOUNT RD. BAY 812 POMPANO BEACH, FL 33069			<b>Mailing Address</b> 800 CORPORATE DRIVE SUITE 310 FORT LAUDERDALE, FL 33334		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		12142005 Chg-NP CR2E037 (10/03)	
Zip		Country		<b>4. FEI Number</b> 59-2515088	
				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
HORWITZ, WAYNE CPA 800 CORPORATE DRIVE SUITE #310 FORT LAUDERDALE, FL 33334				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contributor. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LOBIONDO, SAL 1791 BLOUNT RD. #704 POMPANO BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: small;">                     000063313000                      01/10/06--01035--002 ***61.25                 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete BENEDETTO, CANGIALOSI 1791 BLOUNT ROAD # 705 POMPANO BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Delete MUCCIACCIARO, DOMINIC 1791 BLOUNT ROAD # POMPANO BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Delete SALVO, PAUL 1791 BLOUNT ROAD #914 POMPANO BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Delete LOBIONDO, GERALD 1791 BLOUNT RD., #920 POMPANO BEACH, FL	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 12/15/05 Phone: 954-979-5459		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					