## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # N03067** 



05 DEC 21 PM 2: 49

TURNPIKE COMMERCIAL PLAZA, PHASE II, CONDOMINIUM ASSOCIATION, INC.					) _	SECRETARY ALLAHASSEE	of Stat Florii	E DA	
Principal Place of Business 1791 BLOUNT RD. BAY 812 POMPANO BEACH, FL 33069  Mailing Address 800 CORPORATE DRIVE SUITE 310 FORT LAUDERDALE, FL 3333				4				٠	
2. Principal Place of Business 3.		3. Mailing Addres	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		12142005	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State	City & State		4. FEI Numbe 59-2515			<del></del>	plied For t Applicable
Zip	Country Zip		Country		5. Certificate	of Status Desired		\$8.75 Add	litional
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	legistered A	gent	
	MANAVAIT ODA			Name					
800 CORP	, WAYNE CPA ORATE DRIVE			Street Address	(P.O. Box Numbe	r is Not Acceptable	9)		
SUITE #310 FORT LAUDERDALE, FL 33334									
				City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e
	named entity submits this statement ions of registered agent.	for the purpose of char	nging its register	red office or registe	ered agent, or bot	h, in the State of Flo	orida. I am I	amiliar with,	and accept
			-						
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable	(NOTE, Registere	ed Agent signature require	ed when reinstating)	<u></u>	DATE		
	Amended AR is \$61.25		tion Campaign F st Fund Contribut		\$5.00 May B Added to Fees	<b>•</b>	lake check rida Depari		
10.	Amended AR is \$61.25	Trus		tion.	Added to Fees	<b>•</b>	rida Depar	tment of St	tate
10.	OFFICERS AND D	Trus	st Fund Contribut	LE T	Added to Fees	Floi	rida Depar	tment of St	tate
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10.	OFFICERS AND D D LOBIONDO, SAL 1791 BLOUNT RD. #704 POMPANO BEACH, FL	Trus	st Fund Contribut  11. ete TITL NAM STR	LE T	Added to Fees ADDITIONS/CH/	Floi	RS AND DIF	RECTORS IN Change	10 Addition
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2. 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 fustee 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 attactment with an address, with all wher like empowered.

SIGNATURE: ⊻

SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

112/15/05/954-979-54