

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90227 032 \*\*\*\*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  
800 CORPORATE DRIVE  
SUITE 310  
FORT LAUDERDALE, FL 33334

**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-NP CR2E037 (11/05)

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  
800 CORPORATE DRIVE  
SUITE #310  
FORT LAUDERDALE, FL 33334

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D LOBIONDO, SAL 1791 BLOUNT RD. #704 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D BENEDETTO, CANGIALOSI 1791 BLOUNT ROAD # 705 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D MUCCIACCIARO, DOMINIC 1791 BLOUNT ROAD # POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D SALVO, PAUL 1791 BLOUNT ROAD #914 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D LOBIONDO, GERALD 1791 BLOUNT RD., #920 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fee empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 832  
4960059