


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90081 041 \*\*\*\*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
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**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2515088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

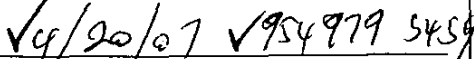
10. OFFICERS AND DIRECTORS

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 like empowered.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

  
 Date Daytime Phone #