2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N03067

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

Current Principal Place of Business:

1791 BLOUNT RD.
BAY 812
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

800 CORPORATE DRIVE
SUITE 310
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 59-2515088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORWITZ, WAYNE CPA
800 CORPORATE DRIVE
SUITE #310
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T/D	( ) Delete
Name:	LOBIONDO, SAL	
Address:	1791 BLOUNT RD. #704	
City-St-Zip:	POMPANO BEACH, FL	
Title:	P/D	( ) Delete
Name:	BENEDETTO, CANGIALOSI	
Address:	1791 BLOUNT ROAD # 705	
City-St-Zip:	POMPANO BEACH, FL	
Title:	S/D	( ) Delete
Name:	MUCCIACCIARO, DOMINIC	
Address:	1791 BLOUNT ROAD #	
City-St-Zip:	POMPANO BEACH, FL	
Title:	VP/D	( ) Delete
Name:	SALVO, PAUL	
Address:	1791 BLOUNT ROAD #914	
City-St-Zip:	POMPANO BEACH, FL	
Title:	S/D	( ) Delete
Name:	LOBIONDO, GERALD	
Address:	1791 BLOUNT RD., #920	
City-St-Zip:	POMPANO BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAL LOBIONDO T 04/27/2009

Electronic Signature of Signing Officer or Director — Date