

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90214 011 ****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

**% WAYNE HORWITZ, CPA
3511 W. COMMERCIAL BLVD., SUITE 402
FORT LAUDERDALE FL 33309**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2515088**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORWITZ, WAYNE CPA
3511 W. COMMERCIAL BLVD.
SUITE #402
FORT LAUDERDALE FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOBIONDO, SAL	
STREET ADDRESS	1791 BLOUNT RD. #704	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENEDETTO, CANGIALOSI	
STREET ADDRESS	1791 BLOUNT ROAD # 705	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUCCIACCIARO, DOMINIC	
STREET ADDRESS	1791 BLOUNT ROAD #	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARBANAS, TONY	
STREET ADDRESS	1791 BLOUNT ROAD #1002	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALVO, PAUL	
STREET ADDRESS	1791 BLOUNT ROAD #914	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOBIONDO, GERALD	
STREET ADDRESS	1791 BLOUNT ROAD #920	
CITY-ST-ZIP	POMPANO BEACH, FL	

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.

SIGNATURE: *[Signature]*

3-20-03 904.9795459

CR2E037 (10/02)