## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004143

FILED Apr 22, 2009 Secretary of State

Entity Name: CROWN GATE VILLAS II CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:		New Principal Place of Business:		
SUITE 101	151 STREET I KES, FL 33014			
Current Mailing Address:		New Mailing Address:		
P.O. BOX HIALEAH,	160718 FL 33016			
FEI Number	: 56-2464153	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	151 STREET	MANAGEMENT GROUP		
MIAMI LAP	r KES, FL 33014	US		
The above	KES, FL 33014		ourpose of changing its registere	ed office or registered agent, or both,
The above	KES, FL 33014 e named entity s e of Florida. RE:	submits this statement for the p		
The above	KES, FL 33014 e named entity s e of Florida. RE:			ed office or registered agent, or both,  Date
The above in the State	KES, FL 33014 e named entity s e of Florida. RE:	submits this statement for the particles of Registered Agr	ent	
The above in the State SIGNATUI  OFFICER: Title: Name: Address:	KES, FL 33014 e named entity se of Florida.  RE: Electron S AND DIREC	submits this statement for the particle Signature of Registered Agr TORS:  Delete E	ent	Date
The above in the State SIGNATUI	KES, FL 33014 e named entity se of Florida.  RE: Electron S AND DIREC  PD () NUNEZ, JUAN E P.O. BOX 1607 HIALEAH, FL 3	submits this statement for the particle Signature of Registered Agr TORS:  Delete 18 3016  Delete UIS D 18	ent  ADDITIONS/CHANG  Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR

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: JUAN NUNEZ P 04/22/2009