
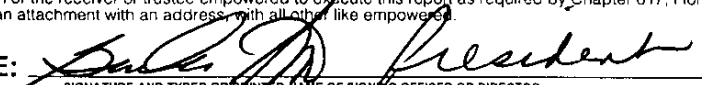


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90039 020 \*\*\*\*61.25

<b>DOCUMENT # N04000010641</b>			
1. Entity Name <b>MARSH HARBOUR 2 CONDOMINIUM ASSOCIATION, INC.</b>		Mailing Address 2121 PONCE DE LEON BOULEVARD, PH CORAL GABLES, FL 33134	
Principal Place of Business 2121 PONCE DE LEON BOULEVARD, PH CORAL GABLES, FL 33134		Mailing Address 2121 PONCE DE LEON BOULEVARD, PH CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2074 W. INDIANTOWN RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>STE # 200</b>	
City & State		City & State <b>JUDYTER, FL</b>	
Zip		Zip <b>331456</b>	
Country		Country <b>PB</b>	
4. FEI Number <b>20-4506711</b>		Applied For <input type="checkbox"/> 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 <b>REGISTERED AGENTS OF FLORIDA, L.L.C. 29TH FLOOR, 100 SOUTHEAST SECOND STREET MIAMI, FL 33131-2130</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, BRUCE 2121 PONCE DE LEON BOULEVARD, PH CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SHANNON, KARR 2121 PONCE DE LEON BOULEVARD, PH CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DRES BARBARA BEQUIRISTAIN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GREENBERG, KIM 2121 PONCE DE LEON BOULEVARD, PH CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP MAXIMO CRUZ JR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2121 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.			
SIGNATURE: 		Date: <b>9/27/07</b> (786) 709-2257	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	