

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90444 049 \*\*\*\*61.25

**DOCUMENT # N04323**  
 1. Entity Name  
**INTERNATIONAL PARK CONDOMINIUM II ASSOCIATION, INC.**



Principal Place of Business  
**7953 NW 53 STREET**  
**MIAMI, FL 33166 US**

Mailing Address  
**7953 NW 53 STREET**  
**MIAMI, FL 33166 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**50014875**

03272006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2516711**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DUGGER, ROBERT A SR**  
**7953 NW 53 STREET**  
**MIAMI, FL 33166**

7. Name and Address of New Registered Agent  
 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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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	VP	<input checked="" type="checkbox"/> Delete	TITLE	Rosa Rva P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENITEZ, MANUEL		NAME	11790 S.W. 18 ST # 114	
STREET ADDRESS	11800 SW 18 STREET, #104-4		STREET ADDRESS	MIAMI, FL 33175	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Nora Gonzalez VP.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACOSTA, ELSA		NAME	11790 S.W. 18 ST # 514	
STREET ADDRESS	11800 SW 18 STREET, #114-4		STREET ADDRESS	MIAMI, FL 33175	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	Martha Martinez Scl	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEVIA, MIRTA		NAME	11800 SW 18 ST # 419	
STREET ADDRESS	11790 SW 18 STREET #218-3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELQUIAGA, MARTHA		NAME		
STREET ADDRESS	11800 SW 18 STREET, #303-4		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: DATE: Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR