

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04323

FILED
Jan 27, 2009
Secretary of State

Entity Name: INTERNATIONAL PARK CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

C/O GABLES PROFESSIONAL MANAGEMENT, INC.
300 ARAGON AVE, STE 210
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

300 ARAGON AVE.
SUITE 210
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-1090203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BORBOLLA & FERNANDEZ, PA
7700 N KENDALL DRIVE, SUITE 705
MIAMI, FL 33156 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: PD () Delete
Name: HERBELLO, LOURDES
Address: 11800 SW 18TH ST., APT #202
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: NOVARRO, MAYKE J
Address: 11800 SW 18TH ST., APT #313
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: TORRES, OSWALDO
Address: 11800 SW 18TH ST., APT #406
City-St-Zip: MIAMI, FL 33175

Title: TD () Delete
Name: ORTEGA, MARIA MORI
Address: 11800 SW 18TH ST., APT #523
City-St-Zip: MIAMI, FL 33175

Title: VOL () Delete
Name: TRIANA, FRANCISCO
Address: 11800 SW 18TH ST., APT #426
City-St-Zip: MIAMI, FL 33175

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: TD (X) Change () Addition
Name: MORI, MARIA S
Address: 11790 SW 18TH ST., APT #523
City-St-Zip: MIAMI, FL 33175

Title: VOL (X) Change () Addition
Name: TRIANA, FRANCISCO
Address: 11790 SW 18TH ST., APT #426
City-St-Zip: MIAMI, FL 33175

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: LOURDES HERBELLO

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date