2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2004 8:00 am **Secretary of State** DOCUMENT # N93000004315 03-03-2004 90020 014 ****61.25 1. Entity Name ESPRIT CONDOMINIUM II ASSOCIATION, INC. Principal Place of Business Mailing Address 13358 SW 128 ST 13358 SW 128 ST MIAMI, FL 33180 US STE G MIAMI, FL 33180 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 59-3669863 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOBRIN, DAVID A Street Address (P.O. Box Number is Not Acceptable) 8900 S.W. 107TH AVENUE **SUITE 206** MIAMI, FL 33176 City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE ☐ Delete TITLE ■ Addition BARNES, RUSSELL NAME NAME 9684 SW 138 AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP **K** Delete Change ☐ Addition TIT) F TITLE NAME DIAZ, ELIZABETH NAME 9680 SW 138 AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33106 CITY-ST-ZIP CITY-ST-ZIP TITLE SD Delete TITLE ☐ Change Addition RUBIO, MARIA NAME NAME STREET ADDRESS 9666 SW 138 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 TITLE Change ☐ Addition TITLE Delete FERNANDEZ, DOUG NAME NAME 9643 SW 138 AVE STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE ABELARDE, MAYRA NAME STREET ADDRESS 9614 SW 138 AVE STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME ILLAN, JOSE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

9703 SW 138 AVE

MIAMI, FL 33186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Controller Jose M. JUAN / 2/29/04 305-387-1359

FILED