Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700003032

1. Corporation Name L'HERMITAGE II CONDOMINIUM ASSOCIATION, INC.												
Principal Place of	of Business	Mailing Ac	idress			_	\dashv					
3400 NE 34TH S SUITE 100 FT LAUDEFDALE		3400 NE 3 SUITE 100 FT LAUDE	:08									
2. Principal Place		2a. Mailing						0	ate Incorporate 5/27/1997 El Number	ed or Qualifed		
Suite, Apt. #,	, etc.	27 Suite,	Apt. #, etc.						5-0787500			Appi Not
City & State		City &	State					5 . C	ertifcate of Sta	itus Desired	Ø	\$8.75 Ac Fee Req
Zip	Country	Zip 29		Coui	ntry				lection Campa rust Fund Con			\$5.00 N Added to
	gent					10. N	ame and Add	lress of New	Registero	d Agent		
			<u> </u>		81	Name	Ni		an k			50M
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 WEST PALM BEACH FL 33401					82 83	Street A C o	ddress an	1 <u>q</u> _	Number Milinag Town	is Not Accept <u>ement</u> Centek	<u> </u>	mpany #zoc
			1		84	City B	00		Fato		F	
11. Pursuant to office or reg agent. I am	the provisions of Sections 617 gistered agent, or both, in the S familiar with, and accept the b	.0502 and 17.1508 tate of Elenda. Such digasters of Section	Plorida Stat change was 617,0503, F	tes, the at authorized anda Stati	by by	named c the corpor	orpora	ation s s boar	ubmits this start d of directors.	tement for the I hereby acce	pt tile app	of changing its regionitment as regi
SIGNATURE	Ignature, typed or printed name of rigister	424		TE: Registered						1-20	DATE	

FILED
Apr 26, 1999 8:00 am \$
Secretary of State

04-26-1999 90221 035 ****70.00

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							85 Zip C	ode		
	•			<u>30ca</u>	Faton	<u> </u>		386		
11. Pursuant to the provisions of Sections 617.0502 and 517.1508. Plorida Statt tes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503-Florida Statutes.										
agent. I am familiar with, and a contine objection 617,0509, F15rida Statutes.										
SIGNATUF: Stansture: typed rewrited name of registeral adent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIREC		13.			S TO OFFICERS AN				
TITLE	PD	DELETE	1.1 TITLE	la F	20.		Change	Addition		
NAME	-BUDGTEIN, DOBERT		1.2 NAME	(STATE	N. OCEAN	DAVE	,	Į		
STREET ADDRESS	3100 N OCEAN BLVD		1.3 STREET ADDRESS				C3	ĺ		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CITY-ST-ZiP	Ft. U	auderdall.	31 3331	<u> </u>			
TITLE	VSD	DELETE	2.1 TITLE	iles f	7x:henbro	ind, Leonard	2 Change	Addition		
NAME	RICHTER, MORRIS		2.2 NAME	32	m N. 00	EAN BING	クシウ	l		
STREET ADDRESS	3 100 N-OCEAN BLV D		2.3 STREET ADDRESS		MITERINA C	F1 33308	!	-		
CITY-ST-ZIP	ET-LAUDERDALE-FL-93308		2.4 CITY-ST-ZIP	* 7 C	nate once	<u> </u>				
TITLE	TASD	⊠ DELETE	3.1 TITLÉ	TD			hange	Addition		
NAME	MARKOWITZ, LEN		32 NAME	JONE	s, JACK	5		Į		
STREET ADORESS	3100 N OCEAN BLVD		3.3 STREET ADDRESS	320	0 10 00	rda Lo Fr.) 	02		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		3.4. CITY-ST-ZIP	<u> </u>	r. Laude	rdale Fl.	333			
TITLE		☐ DELETE	4.1 TITLE	100			bange	Addition		
NAME			4. 2 NAME	BKE	zaenen wi	mency Os	DC AR			
STREET ADDRESS			4.3 STREET ADDRESS	320	DO NO DOCK	AND BIN	i) Han]		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CT.	. Lauderd	are PL3				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition		
NAME	_		5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS	3						
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>						
TITLE		☐ DELETE	6.1 TITLE				Change	Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS	3						
CITY-ST-ZIP			6.4 CITY-ST-ZIP	L						
14. I hereby	certify that the information supplied with this filir	ng does not qualify for	the exemption state	ed in Section	119.07(3)(i), Florida	Statutes. I further cer	tify that the in	niormation		

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 12 or Block 13 if changed or an attachment with an address, with all other like empowered.

SIGNATURE:

Døytime Phone #