


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N97000003032 1. Entity Name L'HERMITAGE II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3200 N OCEAN BLVD FT LAUDERDALE FL 33308	Mailing Address 3200 N OCEAN BLVD FT LAUDERDALE FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0787500	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Dosrod <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, PAUL 3200 N OCEAN BLVD MGMT OFFICES FORT LAUDERDALE FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete LAZARUS, WILLIAM 3200 N OCEAN BLVD. FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000654329 03/13/07-80056-025 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D <input type="checkbox"/> Delete RUBIN, LEWIS 3200 N OCEAN BLVD FT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D <input type="checkbox"/> Delete FORBES, KENNETH 3200 N OCEAN BLVD. FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/V <input type="checkbox"/> Delete FEUER, ARTHUR 3200 OCEAN BLVD. FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D/S <input type="checkbox"/> Delete NAKAYA, MINDY 3200 N OCEAN BLVD. FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete OPPENHEIMER, JAMES 3200 N. OCEAN BLVD FORT LAUDERDALE FL 33308	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 Section 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: *X [Handwritten Signature]* *2/28/07*