

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009291

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: MAJORCA ISLES II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1245 MILITARY TRAIL  
SUITE 100  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
PO BOX 559009  
FORT LAUDERDALE, FL 33355

**New Mailing Address:**

FEI Number: 20-5494322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERLOWITZ, JEFFREY S ESQ.  
PHILLIPS, CANTOR & BERLOWITZ  
4000 HOLLYWOOD BLVD., SUITE 375S  
HOLLYWOOD, FL 33021 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: DUFFIS-SJOGREN, OSMOND  
Address: 21221 NW 14TH PLACE, #623  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: SD ( ) Delete  
Name: PIERRE, DANIELLA  
Address: 21205 NW 14TH PLACE, #319  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: TD ( ) Delete  
Name: RINALDI, ROBERTO  
Address: 21221 NW 14TH PLACE, #323  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VPD ( ) Delete  
Name: PRICE, NATHANIEL  
Address: 21205 NE 14TH PL # 419  
City-St-Zip: MIAMI GARDENS, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HOLNESS, MARCIA  
Address: 21211 NW 14 PL #827  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LYON, HAZELDENE  
Address: 21213 NE 14TH PL # 821  
City-St-Zip: MIAMI GARDENS, FL 33169

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: ROBERT A DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

Date