

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N06000009291

**Entity Name:** MAJORCA ISLES II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASSOCIATION SPECIALTY GROUP  
9050 PINES BLVD. STE. 480  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

C/O ASSOCIATION SPECIALTY GROUP  
9050 PINES BLVD. STE. 480  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 20-5494322

**Certificate of Status Desired:** No

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

LAW OFFICES OF MARLON E. BRYAN P.A.  
LAW OFFICES OF MARLON E. BRYAN P.A.  
101 NE THIRD AVENUE STE. 1500  
FORT LAUDERDALE, FL 33301 US

*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:** MB

**06/22/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOWARD, RAYON  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP  
                  9050 PINES BLVD. STE. 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            VP, TREASURER  
Name            HOLNESS, MARCIA  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP  
                  9050 PINES BLVD. STE. 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            D  
Name            PRINCE, DION  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP  
                  9050 PINES BLVD. STE. 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            SECRETARY  
Name            ANAC, RAFFI  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP  
                  9050 PINES BLVD. STE. 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            D  
Name            REID, ANDRE  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP  
                  9050 PINES BLVD. STE. 480  
City-State-Zip:   PEMBROKE PINES FL 33024

*I hereby 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 all other like empowered.*

**SIGNATURE:** HOWARD , RAYON

**PRESIDENT**

**06/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date