2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009291

Entity Name: MAJORCA ISLES II CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 25, 2024
Secretary of State
8767627883CC

Current Principal Place of Business:

C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 103

CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O REALMANAGE P O BOX 803555 DALLAS, TX 75380 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 03/25/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title VP

Name HOWARD, RAYON Name REID, ANDRE

Address C/O REALMANAGE Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

TitleSECRETARYTitleTREASURERNamePRINCE, DIONNamePRICE, TAMARA

Address C/O REALMANAGE Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR

Name VIXAMAR, JEAN

Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE

103

City-State-Zip: CORAL SPRINGS FL 33065

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: RAYON HOWARD PRESIDENT 03/25/2024