

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009291

**Entity Name:** MAJORCA ISLES II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O REALMANAGE  
9050 PINES BOULEVARD SUITE 480  
PEMBROKE PINES, FL 33024

**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

03/16/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOWARD, RAYON  
Address        C/O REALMANAGE  
                 9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            VICE PRESIDENT  
Name            REID, ANDRE  
Address        C/O REALMANAGE  
                 9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            SECRETARY  
Name            PRINCE, DION  
Address        C/O REALMANAGE  
                 9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            TREASURER  
Name            PRICE, TAMARA  
Address        C/O REALMANAGE  
                 9050 PINES BOULEVARD SUITE 480  
City-State-Zip:   PEMBROKE PINES FL 33024

Title            DIRECTOR  
Name            VIXAMAR, JEAN  
Address        C/O REALMANAGE/ASG  
                 9050 PINES BOULEVARD SUITE 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:** RAYON HOWARD

PRESIDENT

03/16/2022

Electronic Signature of Signing Officer/Director Detail

Date