

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004315

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

C/O LYNX PROPERTY SERVICES, LLC
12485 SW 137 AVENUE SUITE 309
MIAMI, FL 33186

Current Mailing Address:

C/O LYNX PROPERTY SERVICES, LLC
12485 SW 137 AVENUE SUITE 309
MIAMI, FL 33186 US

FEI Number: 59-3669863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

LAW OFFICE OF FRANK PEREZ-SIAM
7001 SW 87 COURT
MIAMI, FL 33173 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: DANIEL LOPEZ

02/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ABAUNZA, MARIANA
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name ILLAN, JOSE M
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title SECRETARY
Name BELLINGRODT, CLAUDIA
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name GARCIA, RAMON
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title TREASURER
Name SUAREZ, RICARDO
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name ATKINSON, KAYGON
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name ALFONSO, AMERICA
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

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: MARIANA ABAUNZA

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date