2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 706651

1. Entity Name
ASTOR CONDOMINIUM NO 2 INC

Principal Place of Business	Mailing Address
3500 HARRISON STREET APT. #2 HOLLYWOOD, FL 33021	819 N 31 ROAD HOLLYWOOD, FL 33021 US

04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6169262
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, ROBERT V
819 N 31 RD
HOLLYWOOD, FL 33021

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SDT
NAME	BAILEY, ROBERT V
STREET ADDRESS	819 N 31 ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	PD
NAME	AVILA, MARVIN
STREET ADDRESS	3500 HARRISON ST #11
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	BLOCKER, MARY
STREET ADDRESS	5520 SW 28 TERR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	VD
NAME	SANDERS, ANNETTE
STREET ADDRESS	3500 HARRISON ST 12A
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/08-80028-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R Bailey ROBERT BAILEY 4-21-08 954 562-4669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #