2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

				Se	cretar	y oi Sta	ıe	
1. Entity Nam	MENT #716116 Ŷ PLAZA ASSOCIATION, II				65 044 ****61.2			
1012 NORTH OCEAN BLVD. 101			Mailing Address 1012 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062					
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-131040	00	<u> </u>	plied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New Reg	istered Agent		
COLETTA	. ANTHONY		Name					
1012 N OC	CEAN BOULEVARD D BEACH, FL 33062		Street Address ((P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	<u>.</u> e	
2.71								
the obligat	named entity submits this statement for tions of registered agent.	ir the purpose of changing its	registered office or reg	gistered agent, or both, in	the State of Floric	ia. I am familiar with,	and accept	
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1								
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature n	required when reinstating)		DATE		
SIGNATURE			npaign Financing	\$5.00 May Be		DATE e check payable to Department of Si		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Florida	e check payable to a Department of St	late	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Florida	e check payable to	late	
10.	Signature. typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida EES TO OFFICERS	e check payable to a Department of St AND DIRECTORS IN	tate	
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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:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/8/08

954-781-4822

Daytime Phone #