


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

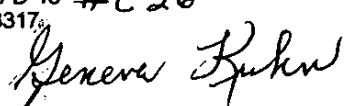
04-14-2008 90069 049 \*\*\*\*61.25


<b>DOCUMENT # 716435</b> 1. Entity Name <b>PLANTATION ROYAL SECTION TWO CONDOMINIUM ASSOCIATION INC.</b>	
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Principal Place of Business <b>SSOCIATION INC.</b> <b>6923 CYPRESS RD</b> <b>FORT LAUDERDALE, FL 33317</b>	Mailing Address <b>SSOCIATION INC.</b> <b>6923 CYPRESS RD</b> <b>FORT LAUDERDALE, FL 33317</b>
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02232008 No Chg-NP	CR2E037 (4/06)
4. FEI Number <b>59-1358962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

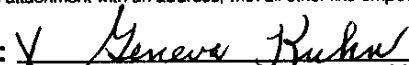
6. Name and Address of Current Registered Agent  <b>PERFECT, MARY Geneva Kuhn</b> <b>6923 CYPRESS RD #B-10 #C 26</b> <b>PLANTATION, FL 33317</b> 	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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8. The 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: <b>3/23/08</b>

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>MAGNAMARA, MIKE</b> <b>6921 CYPRESS RD, B21</b> <b>PLANTATION, FL 33317</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>KUHN, GENEVA</b> <b>6923 CYPRESS RD #C26</b> <b>PLANTATION, FL 33317</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SIMMENS, AMANOLA marlene Kowachik</b> <b>6923 CYPRESS RD A-14 6923 Cypress Rd #B-16</b> <b>PLANTATION, FL 33317</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>ROGEL, ARLINE</b> <b>6921 CYPRESS RD, # D21</b> <b>PLANTATION, FL 33317</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>VELEZ, BLANCA Mary Perfect</b> <b>6924 CYPRESS ROAD A-20 6923 Cypress Rd D-13</b> <b>PLANTATION, FL 33317</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Aida Llorente</b> <b>6923 Cypress Rd # C-15</b> <b>Plantation, FL 33317</b>

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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: 	Date: <b>3/23/08</b> Daytime Phone #: <b>954-587-3675</b>