

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720937

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** JOCKEY CLUB CONDOMINIUM APARTMENTS, UNIT NO. II, INC.

**Current Principal Place of Business:**

11111 BISCAYNE BLVD  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

11111 BISCAYNE BLVD  
MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 59-1514302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROJAS LAW FIRM, LLP  
9130 S DADELAND BLVD  
STE 1209  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: LEVINE, GERALDINE  
Address: 11111 BISCAYNE BLVD APT 918  
City-St-Zip: MIAMI, FL 33181 US

Title: VPT  
Name: SOUCY, HECTOR  
Address: 11111 BISCAYNE BLVD APT218  
City-St-Zip: MIAMI, FL 33181 US

Title: D  
Name: PIZZORNI, WILLIAM M  
Address: 11111 BISCAYNE BLVD APT 1128  
City-St-Zip: MIAMI, FL 33181 US

Title: PD  
Name: ECHEVERRI, JUAN C  
Address: 11111 BISCAYNE BLVD APT 1416  
City-St-Zip: MIAMI, FL

Title: D  
Name: TOVAR, ELIZABETH  
Address: 1111 BISCAYNE BLVD., APT. 1222  
City-St-Zip: MIAMI, FL 33181

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: JUAN C. ECHEVERRI

PD

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date