

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90029 022 \*\*\*\*61.25

<b>DOCUMENT # 723377</b> 1. Entity Name <b>THE TUDOR II SOUTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>340 ORANGE TREE DRIVE UNIT 1A ATLANTIS, FL 33462 US</b>			Mailing Address <b>340 ORANGE TREE DRIVE UNIT 1A ATLANTIS, FL 33462 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1573419</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			7. Name and Address of New Registered Agent		
<b>HOWARD, PAUL C 340 ORANGE TREE DR UNIT 1A ATLANTIS, FL 33462</b>			Name <b>MATTSON, JOHN E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>340 ORANGE TREE DR.</b> <b>UNIT 1A</b> City <b>ATLANTIS</b> FL <b>33462</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>2/23/2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MATTSON, JOHN E 340 ORANGE TREE DR UNIT 1A LAKE WORTH, FL 33462</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D MATTSON, JOHN E. 340 ORANGE TREE DR. UNIT 1A ATLANTIS, FL 33462</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HOWARD, PAUL 340 ORANGE TREE DR UNIT 1A LAKE WORTH, FL 33462</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HOWARD, PAUL 340 ORANGE TREE DR. UNIT 1 ATLANTIS, FL 33462</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MATTSON, GERALDINE 340 ORANGE TREE DR #1A ATLANTIS, FL 33462</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROWE, JEANNINE R 340 ORANGE TREE DR UNIT 4 ATLANTIS, FL 33462</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MOLANARIO, RICHARD 340 ORANGE TREE DR #3 ATLANTIS, FL 33462</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: </b>					
<b>(JOHN E. MATTSON)</b> <b>2/23/2004</b> <b>561-432-5138</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					