


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 723377

1. Entity Name
THE TUDOR II SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 340 ORANGE TREE DRIVE
 UNIT 1A
 ATLANTIS, FL 33462 US

Mailing Address
 340 ORANGE TREE DRIVE
 UNIT 1A
 ATLANTIS, FL 33462 US

94020729



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02202004 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
 59-1573419

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, PAUL C
 340 ORANGE TREE DR
 UNIT 1A
 ATLANTIS, FL 33462

7. Name and Address of New Registered Agent

Name
MATTSON, JOHN E.

Street Address (P.O. Box Number is Not Acceptable)
340 ORANGE TREE DR.

UNIT 1A

City **ATLANTIS** FL Zip Code **33462**

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 *John E. Mattson* DATE *2/23/2004*

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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTSON, JOHN E 340 ORANGE TREE DR UNIT 1A LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD, PAUL 340 ORANGE TREE DR UNIT 1A LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTSON, GERALDINE 340 ORANGE TREE DR #1A ATLANTIS, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, JEANNINE R 340 ORANGE TREE DR UNIT 4 ATLANTIS, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOLANARIO, RICHARD 340 ORANGE TREE DR #3 ATLANTIS, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MATTSON, JOHN E. 340 ORANGE TREE DR. UNIT 1A ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, PAUL 340 ORANGE TREE DR. UNIT 1 ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: *John E. Mattson (JOHN E. MATTSON)* DATE *2/23/2004* DAYTIME PHONE # *561-432-5138*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR