

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90080 050 ****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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 59-1573419 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MATTSON, JOHN E 340 ORANGE TREE DR UNIT 1A ATLANTIS, FL 33462 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MATTSON, JOHN E | | NAME | | |
| STREET ADDRESS | 340 ORANGE TREE DR UNIT 1A | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH, FL 33462 | | CITY-ST-ZIP | | |
| TITLE | T <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HOWARD, PAUL | | NAME | | |
| STREET ADDRESS | 340 ORANGE TREE DR UNIT 1A | | STREET ADDRESS | 340 ORANGE TREE DR. UNIT 1 | |
| CITY-ST-ZIP | LAKE WORTH, FL 33462 | | CITY-ST-ZIP | | |
| TITLE | S <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MATTSON, GERALDINE | | NAME | | |
| STREET ADDRESS | 340 ORANGE TREE DR #1A | | STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTIS, FL 33462 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROWE, JEANNINE R | | NAME | | |
| STREET ADDRESS | 340 ORANGE TREE DR UNIT 4 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTIS, FL 33462 | | CITY-ST-ZIP | | |
| TITLE | VPD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MOLANARIO, RICHARD | | NAME | | |
| STREET ADDRESS | 340 ORANGE TREE DR #3 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTIS, FL 33462 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>John E. Mattson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2/28/2005 561-432-5138 <small>Date Daytime Phone #</small> | | |