

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723377

FILED  
Jun 26, 2009  
Secretary of State

**Entity Name:** THE TUDOR II SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

340 ORANGE TREE DRIVE  
UNIT 3A  
ATLANTIS, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

340 ORANGE TREE DRIVE  
UNIT 3A  
ATLANTIS, FL 33462 US

**New Mailing Address:**

**FEI Number:** 59-1573419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ROWE, JEANNINE  
340 ORANGE DRIVE  
UNIT #4  
ATLANTIS, FL 33462 US

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: PD ( ) Delete  
Name: ROWE, JENNINE  
Address: 340 ORANGE TREE DRIVE UNIT #4  
City-St-Zip: LAKE WORTH, FL 33462

Title: VPD ( ) Delete  
Name: MILLINARIO, RICHARD  
Address: 340 ORANGE TREE DR UNIT #3  
City-St-Zip: ATLANTIS, FL 33462

Title: TD ( ) Delete  
Name: LUTZ, GLORIA  
Address: 340 ORANGE TREE DRIVE UNIT #5  
City-St-Zip: ATLANTIS, FL 33462

Title: S ( ) Delete  
Name: DEMPSEY, MARIE  
Address: 340 ORANGE TREE DR UNIT #4A  
City-St-Zip: ATLANTIS, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: PHILLIPS, BESSIE  
Address: 340 ORANGE TREE DR UNIT #2  
City-St-Zip: ATLANTIS, FL 33462

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GLORIA LUTZ

TD

06/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date