2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 727940

Entity Name: NATURA CONDOMINIUM NO. 2 ASSOCIATION, INC.

Current Principal Place of Business:

3500 SW NATURA AVE
APT 207
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

3500 SW NATURA AVE
APT 207
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 59-1825538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 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:	P	( ) Delete
Name:	GRIZZAFFI, CARL PRES	
Address:	3500 SW NATURA BLVD - APT 207	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	VP	( ) Delete
Name:	KESTENBAUM, AL VP	
Address:	3500 SW NATURA BLVD APT 212	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	S	( ) Delete
Name:	RICHARDS, JANET SECY	
Address:	3500 SW NATURA BLVD - APT 312	
City-St-Zip:	DEERFIELD BEACH, FL 33441	
Title:	T	( ) Delete
Name:	BERNSTEIN, JOEL TREASUR	
Address:	3500 SW NATURA AVE APT 311	
City-St-Zip:	DEERFIELD BEACH, FL 33441	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CARL GRIZZAFFI P 03/25/2009

Electronic Signature of Signing Officer or Director — Date