

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90111 011 ****61.25

DOCUMENT # 736706 1. Entity Name PATIOS DEL MAR II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6648 PATIO LANE BOCA RATON, FL 33433 US			Mailing Address 6648 PATIO LANE BOCA RATON, FL 33433 US		
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 59-2021175	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VAN AALJEN, FRANK 6568 PATIO LANE BOCA RATON, FL 33433				Name HEWITT, GAIL	
				Street Address (P.O. Box Number is Not Acceptable) 6600 PATIO LANE	
				City BOCA RATON	
				FL Zip Code 33433	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, JAN 6622 PATIO LANE BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, JAN 6622 PATIO LANE BOCA RATON, FL 33433	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALEY, DALE 6552 PATIO LANE BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALEY, DALE 6552 PATIO LANE BOCA RATON, FL 33433	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEGGINSON, JAMES W 6576 PATIO LANE BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEWITT, GAIL 6600 PATIO LANE BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANAALTEN, FRANK 6568 PATIO LANE BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN AALTEN, FRANK 6568 PATIO LANE BOCA RATON, FL 33433	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIN, LUCRETIA 6628 PATIO LANE BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTROFF, BRAD 6542 PATIO LANE BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, STEPHANIE 6644 PATIO LANE BOCA RATON, FL 33433	☐ Change ☒ 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: <i>Gail Hewitt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/10/05 (56)417-0323 Date Daytime Phone #		

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