

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736706

FILED
Mar 19, 2009
Secretary of State

Entity Name: PATIOS DEL MAR II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6648 PATIO LANE
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

6648 PATIO LANE
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 59-2021175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, JAN M
6622 PATIO LANE
BOCA RATON, FL 33427 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: D () Delete
Name: MORRIS, JAN
Address: 6622 PATIO LANE
City-St-Zip: BOCA RATON, FL 33433

Title: T D () Delete
Name: CORDOBA, JESSE
Address: 6588 PATIO LN
City-St-Zip: BOCA RATON, FL 33433

Title: P D () Delete
Name: HEWITT, GAIL
Address: 6600 PATIO LANE
City-St-Zip: BOCA RATON, FL 33433

Title: VP D () Delete
Name: VAN AALTEN, FRANK
Address: 6568 PATIO LANE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: OSTROFF, BRAD
Address: 6542 PATIO LANE
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: LEVINE, STEPHANIE
Address: 6644 PATIO LANE
City-St-Zip: BOCA RATON, FL 33433

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
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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: JAN MICHAEL MORRIS

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date