## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#737296**

FILED Apr 10, 2009 Secretary of State

Entity Name: NASSAU VILLAGE WEST II ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1310 AVENUE OF THE STARS COCONUT CREEK, FL 33066 **Current Mailing Address: New Mailing Address:** 1310 AVENUE OF THE STARS COCONUT CREEK, FL 33066 US FEI Number: 59-1708041 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BRUCE BANDLER** 1310 AVENUE OF THE STARS COCONUT CREEK, FL 33066 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BARNETT, ALLAN WEINBERG, GERTRUDE Name: Name: 2605 NASSAU BEND, APT B-1 Address: 2603 NASSAU BEND, APT H-1 Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: COCONUT CREEK, FL 33066 Title: Title: (X) Change ( ) Addition ( ) Delete MELGAR, FABIAN Name: SERAYDAR, GRACE Name: Address: 2604 NASSAU BEND E-1 Address: 2601 NASSAU BEND E-1 City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: COCONUT CREEK, FL 33066 Title: () Delete Title: () Change () Addition SCIPIONE, KAY Name: Name: 2606 NASSAU BEND APT G2 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ELSTEIN, SAM Name: 2605 NASSAU BEND, APT B-2 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: () Change () Addition RYNONE, ANNA MAE Name: Name: 2606 NASSAU BEND, APT A-1 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 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: GERTRUDE WEINBERG Ρ 04/10/2009