

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90052 048 ****61.25

DOCUMENT # 739406

1. Entity Name

BARWOOD CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business

Mailing Address

23279 BARWOOD LN.
BOCA RATON FL 33428
US

23279 BARWOOD LN.
BOCA RATON FL 33428
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1759920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CLAYTON
23279 BARWOOD LANE N 204
BOCA RATON FL 33428

Name **Esmann, William H.**

Street Address (P.O. Box Number is Not Acceptable)
23279 Barwood Lane N. #203

City **Boca Raton**

FL

Zip Code
33428

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.

William H. Esmann
President/Treasurer

02-09-2007

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE ☐ Delete
NAME **ESMANN, WILLIAM H**
STREET ADDRESS **23279 BARWOOD LANE N #203**
CITY ST ZIP **BOCA RATON FL**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **VOMHOF, FLORENCE**
CITY ST ZIP **23279 BARWOOD LANE N #201**
BOCA RATON FL

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **SMITH, CLAYTON**
CITY ST ZIP **23279 BARWOOD LANE N #104**
BOCA RATON FL 33428

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEALEY, LAWRENCE**
CITY ST ZIP **23279 BARWOOD LANE N 106**
BOCA RATON FL 33428

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CAMMILLERI, PATSY**
CITY ST ZIP **23279 BARWOOD LANE N.**
BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **PTD**
STREET ADDRESS **Esmann, William H.**
CITY ST ZIP **23279 Barwood Lane N. #203**
Boca Raton, Fl. 33428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Smith, Clayton**
CITY ST ZIP **23279 Barwood Lane N. #104**
Boca Raton, Fl 33428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, and all other like empowered.

SIGNATURE: *William H. Esmann* **William H. Esmann, Pres.** **2-9-07** **561-479-4274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #