

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90074 049 ****61.25

DOCUMENT # 739753

1. Entity Name
RITA APARTMENTS II, INC.



Principal Place of Business
319 SOUTH B STREET
LAKE WORTH, FL 33460

Mailing Address
2528 BOUNDBROOK DR S
#207
WEST PALM BEACH, FL 33460

50021204



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
00-0000000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAKILA, MIKA
319 SOUTH B STREET
APT 6
LAKE WORTH, FL 33460

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IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAKILA, MIKA
319 SOUTH B STREET APT 6
LAKE WORTH FL, FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LASSILA, MATTI
896 N FEDERAL HWY APT 123
LANTANA, FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WYATT, NORMA
2528 BOUNDBROOK DR S #207
WEST PALM BCH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Norma Wyatt Treasurer (NORMA WYATT) 2-24-05 561-963-0889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #