## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2008 8:00 am **DOCUMENT # 739753 Secretary of State** 02-14-2008 90012 031 \*\*\*\*61.25 RITA APARTMENTS II, INC. Principal Place of Business Meiling Address 319 SOUTH B'STREET 2528 BOUNDBROOK DR S LAKE WORTH FL 33460 WEST PALM BEACH FL 33460 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WYATT, NORMA Street Address (P.O. Box Number is Not Acceptable) 2528 BOUNDBROOK DR. S 207 WEST PALM BEACH FL 33406 City Zip Code 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 it is if approacie. (NOTE: Re) i stored Agent signature reduced when reinstating) CATE Due By May 1; 2008 FILE NOW: FEE IS \$61.25 9: Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. -y may 1; 2008 Added to Fees Florida Department of State aaimii Mhaa birag 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 💢 Delete TITLE Change ☐ Addition MORENCY, HENRY NAME 319 S STREET # 8 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP ☐ Delote TITLE TITLE Change Addition WYATT, NORMA NAME 2528 BOUNDBROOK DR S #207 STREET ADDRESS STREET ADDRESS WEST PALM BCH FL 33406 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT ☐ Delete TITLE Change ☐ Addition LATURE, JEAN L NAME NAME 319 S 8STREET #5 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TOTAL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: Norma Wyatt NORMA WYATT 2-2-08 561-963-0889

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, with all other fike empowered.