


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

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90009 003 ****61.25

DOCUMENT # 753124			
1. Entity Name WINGS II TOWNHOUSE APARTMENTS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 696 FORREST DR. MIAMI SPRINGS FL 33166		Mailing Address C/O LUCIA DE LEO 641 SWAN AVE MIAMI SPRINGS FL 33166-3934	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 90 TPS Management	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 661554	
City & State		City & State Miami Springs, FL.	
Zip	Country	Zip	Country
33266		33266	USA

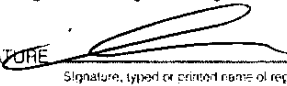


1st MOORE CR2E037 (10/07)

4. FEI Number 59-2836778		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent DE LEO, LUCIA 641 SWAN AVE. MIAMI SPRINGS FL 33166-3934		7. Name and Address of New Registered Agent Name Straley, Otto, P.A. Street Address (P.O. Box Number is Not Acceptable) 2699 Stirling Road, Ste C-207 City Fort Lauderdale FL Zip Code 33312	
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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:  **Charles F. Otto, Esq.** DATE: **2-14-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MOHAMADY, SIOOQUI STREET ADDRESS: 696 FOREST DR 3-B CITY-ST-ZIP: MIAMI SPRINGS FL 33166 <input checked="" type="checkbox"/> Delete		TITLE: PD NAME: IYMA HATOS STREET ADDRESS: 696 Forest DR. B-2 CITY-ST-ZIP: Miami Springs, FL. 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD NAME: KHAN, ABDUL W STREET ADDRESS: 688 FOREST DR. 3-A CITY-ST-ZIP: MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete		TITLE: VPD NAME: IYON HATOS STREET ADDRESS: 696 Forrest Dr B-2 CITY-ST-ZIP: Miami Springs, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: STD NAME: DE LEO, LUCIA STREET ADDRESS: 641 SWAN AVENUE CITY-ST-ZIP: MIAMI SPRINGS FL 33166-3934 <input checked="" type="checkbox"/> Delete		TITLE: STD NAME: IYON HATOS STREET ADDRESS: 696 Forrest Dr B-2 CITY-ST-ZIP: Miami Springs, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 like empowered.

SIGNATURE:  DATE: **2/6/08** PHONE: **305-885-0845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR