

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753124

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** WINGS II TOWNHOUSE APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

696 FORREST DR.  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

696 FORREST DR.  
B-2  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

C/O TPS MANAGEMENT  
P.O. BOX 661554  
MIAMI, FL 33266

**New Mailing Address:**

**FEI Number:** 59-2836778      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRALEY, OTTO P.A.  
2699 STIRLING ROAD, STE C-207  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: MATOS, IRMA  
Address: 696 FORREST DR B-2  
City-St-Zip: MIAMI, FL 33166

Title: VPD ( ) Delete  
Name: KHAN, ABDUL W  
Address: 688 FOREST DR. 3-A  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: STD ( ) Delete  
Name: HATOS, IVON  
Address: 696 FORREST DR B-2  
City-St-Zip: MIAMI SPRINGS, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: KHAN, ABDUL W  
Address: 688 FOREST DR. A-3  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: STD (X) Change ( ) Addition  
Name: MATOS, IVON  
Address: 696 FORREST DR B-2  
City-St-Zip: MIAMI SPRINGS, FL 33166

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: IRMA MATOS

P

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date