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

FILED Mar 18, 2005 8:00 am Secretary of State

Second Pillow of Business Second Pillow of Business 2855 FARRIWAY DR HOLLYWOOD, FL 33021 US Second Pillow of Business Sulte, April #, etc.	1. Entity Nam	MENT # 762744 HOMEOWNERS ASSOC	CIATION, I	NC.				03-18-2005 9	90059 042	****61.	.25	
Suite, Apt. #, etc.	2850 FAIRWAY DR 2850 FAIRWAY DR						1 (2011) (2010	, 	n erbir dien bien		 	
City & State	2. Principal P	Place of Business	3. Mail	3. Mailing Address				-				
Zip	Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			02012005	Chg-NP	CR2E037	(10/03)		
County Zip County Zip County S. Cartificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional F	City & State		City & State									
Name Stood Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip		Country		5. Certificate of	f Status Desired		8.75 Add	litional	
Name Stroot Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Cur	rent Registere	d Agent			7. Name and	Address of New I	Registered Ac	ent		
2850 FAIRWAY DR. HOLLYWOOD, FL 33021 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 tegistered agent and site of applicable. (NOTE Registered Agent agreture required when recitating) DATE						Name		***				
R. 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 Signalure, byind or priend runne of registered agent and site of applicable. (NOTE Registered Agent signature required when rentating). DATE	2850 FAIRWAY DR.											
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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:

Steven Becker, President
E AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

2/01/05

(305) 625-4171 Daytime Phone #