

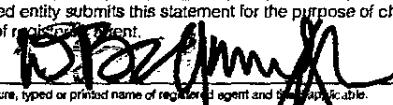
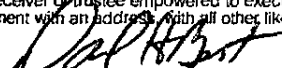


FILED
Apr 11, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # 769926 1. Entity Name PLACE 434 PHASE II CONDOMINIUM ASSOCIATION, INC. | |  | | Secretary of State | |
| Principal Place of Business 2623 W. S.R. 434 LONGWOOD, FL 32779 US | | Mailing Address P.O. BOX 160895 ALTAMONTE SPRINGS, FL 32716 US | | | |
| DO NOT WRITE IN THIS SPACE | | | |  | |
| | | | | 01182005 No Chg-NP CR2E037 (10/03) | |
| DO NOT WRITE IN THIS SPACE | | | | 4. FEI Number 59-1663131 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent YOUNG, D.B. JR 2623 WEST STATE ROAD 434 LONGWOOD, FL 32779 | | | | DO NOT WRITE 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 fee, if applicable. | | P. B. Young Jr. (NOTE: Registered Agent signature required when reinstating) | | 02/14/05 DATE | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | U00000299120 04/11/05 00096 000 61.25 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE IN THIS SPACE | | | |
| TD DERRICK, ROSEMARY 2633 W. S.R. 434 LONGWOOD, FL 32779 | | | | | |
| PD BEST, DANIEL H 2629 W. S.R. 434 LONGWOOD, FL 32779 | | | | | |
| SD YOUNG, D.B. JR. 2623 WEST STATE RD 434 LONGWOOD, FL | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DANIEL H. BEST, PRESIDENT 3/29/05 407 774-1716 Date Daytime Phone # | | | |