

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90211 002 ****61.25

DOCUMENT # N00000008394					
1. Entity Name MARQUIS VILLAS-II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6625 MIAMI LAKES DR STE. 347 MIAMI LAKES, FL 33014			Mailing Address 6625 MIAMI LAKES DR STE. 347 MIAMI LAKES, FL 33014		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04262006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-1067325				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			7. Name and Address of New Registered Agent		
GUTIERREZ, JOSE 6625 MIAMI LAKES DR SUITE 347 MIAMI LAKES, FL 33014			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE V	NAME LOPEZ, YAJAIRA		TITLE S	NAME Katrina Canepa	
STREET ADDRESS 6625 MIAMI LAKES DR, #347	CITY-ST-ZIP MIAMI LAKES, FL 33014		STREET ADDRESS 6625 Miami Lakes Dr # 347	CITY-ST-ZIP Miami Lakes FL 33014	
TITLE P	NAME BORROTO, ELINOR		TITLE S	NAME Katrina Canepa	
STREET ADDRESS 6625 MIAMI LAKES DR, #347	CITY-ST-ZIP MIAMI LAKES, FL 33014		STREET ADDRESS 6625 Miami Lakes Dr # 347	CITY-ST-ZIP Miami Lakes FL 33014	
TITLE TD	NAME DE ANGELO, GERALD		TITLE S	NAME Katrina Canepa	
STREET ADDRESS 6625 MIAMI LAKES DR, #347	CITY-ST-ZIP MIAMI LAKES, FL 33014		STREET ADDRESS 6625 Miami Lakes Dr # 347	CITY-ST-ZIP Miami Lakes FL 33014	
TITLE D	NAME GONZALEZ, DARIO		TITLE S	NAME Katrina Canepa	
STREET ADDRESS 6625 MIAMI LAKES DR, #347	CITY-ST-ZIP MIAMI LAKES, FL 33014		STREET ADDRESS 6625 Miami Lakes Dr # 347	CITY-ST-ZIP Miami Lakes FL 33014	
TITLE VP	NAME BORROTO, GENEVIEVE		TITLE S	NAME Katrina Canepa	
STREET ADDRESS 6625 MIAMI LAKES DR, #347	CITY-ST-ZIP MIAMI LAKES, FL 33014		STREET ADDRESS 6625 Miami Lakes Dr # 347	CITY-ST-ZIP Miami Lakes FL 33014	
TITLE S	NAME BORROTO, GENEVIEVE		TITLE S	NAME Katrina Canepa	
STREET ADDRESS 6625 MIAMI LAKES DR, #347	CITY-ST-ZIP MIAMI LAKES, FL 33014		STREET ADDRESS 6625 Miami Lakes Dr # 347	CITY-ST-ZIP Miami Lakes FL 33014	
TITLE S	NAME BORROTO, GENEVIEVE		TITLE S	NAME Katrina Canepa	
STREET ADDRESS 6625 MIAMI LAKES DR, #347	CITY-ST-ZIP MIAMI LAKES, FL 33014		STREET ADDRESS 6625 Miami Lakes Dr # 347	CITY-ST-ZIP Miami Lakes FL 33014	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			ELINOR BORROTO		
4/26/06 (305) 773839			4/26/06 (305) 773839		