2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008394

FILED Apr 22, 2008 Secretary of State

Entity Name: MARQUIS VILLAS-II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
	/II LAKES DR				
STE. 233 MIAMI LAK	(ES, FL 33014				
Current Mailing Address:		New Mailing	New Mailing Address:		
STE. 233	MI LAKES DR KES, FL 33014				
FEI Number	: 65-1067325	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and A	address of New Registered Agent:	
SUITE 233	/II LAKES DR	US			
	named entity s e of Florida.	submits this statement for the p	purpose of changing its	registered office or registered agent, or both,	
SIGNATUI	⊋E·				
	\L .				
JONATO		ic Signature of Registered Age	ent	Date	
				Date /CHANGES TO OFFICERS AND DIRECTOR:	
OFFICER: Title: Name: Address:	Electron S AND DIREC	TORS: Delete NOR KES DR, #347			
	Electron S AND DIREC P () BORROTO, ELI 6625 MIAMI LA MIAMI LAKES,	Delete NOR KES DR, #347 FL 33014 Delete ERALD KES DR, #347	ADDITIONS Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTORS	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIREC P () BORROTO, ELI 6625 MIAMI LA MIAMI LAKES, TD () DE ANGELO, G 6625 MIAMI LA MIAMI LAKES,	Delete NOR KES DR, #347 FL 33014 Delete ERALD KES DR, #347 FL 33014 Delete ARIO KES DR, #347 Delete RIO KES DR, #347	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTORS () Change () Addition	
DFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Name: Address:	Electron S AND DIREC P () BORROTO, ELI 6625 MIAMI LA MIAMI LAKES, TD () DE ANGELO, G 6625 MIAMI LA MIAMI LAKES, D () GONZALEZ, DA 6625 MIAMI LA MIAMI LAKES,	Delete NOR KES DR, #347 FL 33014 Delete ERALD KES DR, #347 FL 33014 Delete RIO KES DR, #347 FL 33014 Delete RIO KES DR, #347 FL 33014 Delete KES DR, #347 FL 33014	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition	

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: ELINOR BORROTO P 04/22/2008