


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90020 001 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # N02000003833</b><br>1. Entity Name<br><b>PROFILES II HOMEOWNERS ASSOCIATION INC.</b>   |   |   |  |                         |  |
| Principal Place of Business<br><b>19451 SHERIDAN ST., #107<br/>PEMBROKE PINES, FL 33332</b>  |   |   | Mailing Address<br><b>19451 SHERIDAN ST., #107<br/>PEMBROKE PINES, FL 33332</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip                      Country |  |  |  |
| 4. FEI Number<br><b>38-3651494</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BAKALAR &amp; EICHNER, P.A.<br/>150 SOUTH PINE ISLAND RD., STE. 540<br/>PLANTATION, FL 33324</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                       |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>THOMPSON, KIMBERLEY</b> <input checked="" type="checkbox"/> Delete<br><b>2150 NW 188 TERRACE</b><br><b>HOLLYWOOD, FL 33029</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP</b> <input type="checkbox"/> Delete<br><b>FERNANDEZ, ADNRODITE</b><br><b>18320 NW 22 ST</b><br><b>PEMBROKE PINES, FL 33029</b>          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>FERNANDEZ, APHRODITE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Delete<br><b>CLARK, KAREN</b><br><b>2031 NW 190 AVE</b><br><b>HOLLYWOOD, FL 33029</b>                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br><b>S</b><br><b>DOXEN, HEIENE</b><br><b>18880 NW 19 ST.</b><br><b>HOLLYWOOD, FL 33029</b>                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DOXEN, HELENE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |   |  |  |  |
| <b>SIGNATURE:</b> <u>Karen Clark</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <u>01/07/08 954-4335813</u><br><small>Date Daytime Phone #</small>   |  |  |