2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003833

FILED Jan 15, 2009 Secretary of State

Entity Name: PROFILES II HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

New Principal Place of Business:

19451 SHERIDAN ST.. #107

18931 NW 19 STREET

PEMBROKE PINES, FL 33332 PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

19451 SHERIDAN ST., #107 PEMBROKE PINES, FL 33332

FEI Number: 38-3651494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAKALAR & EICHNER, P.A. 150 SOUTH PINE ISLAND RD., STE. 540 PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: P (X) Change () Addition Name: FERNANDEZ, APHRODITE Name: LAWRENCE, PATRICK

 Address:
 18320 NW 22 ST
 Address:
 1921 NW 188 AVENUE

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 PEMBROKE PINES, FL 33029

Title: Title: (X) Change () Addition () Delete CLARK, KAREN Name: FERNANDEZ, APHRODITE Name: Address: 2031 NW 190 AVE Address: 18820 NW 22 STREET City-St-Zip: HOLLYWOOD, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete Title: S (X) Change () Addition

 Name:
 DOYEN, HELENE
 Name:
 CLARK, KAREN

 Address:
 18880 NW 19 ST.
 Address:
 2031 NW 190 AVE

City-St-Zip: HOLLYWOOD, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 VELASQUEZ, MARISOL

 Address:
 Address:
 2191 NW 188 AVENUE

 City-St-Zip:
 City-St-Zip:
 PEMBROKE PINES, FL 33029

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 THOMPSON, KIMBERLEY

 Address:
 Address:
 2150 NW 188 TERRACE

 City-St-Zip:
 City-St-Zip:
 PEMBROKE PINES, FL 33029

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 DINNALL, JACKIE

 Address:
 Address:
 2191 NW 188 AVENUE

 City-St-Zip:
 City-St-Zip:
 PEMBROKE PINES, FL 33029

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: PATRICK LAWRENCE PRES 01/15/2009