

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003833

FILED
Feb 09, 2010
Secretary of State

Entity Name: PROFILES II HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

18931 N.W. 19TH ST.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18459 PINES BLVD., #407
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 38-3651494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P
Name: CLARK, KAREN
Address: 2031 NW 190 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP
Name: DOYEN, HELEN
Address: 18880 NW 19 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S
Name: THOMPSON, KIMBERLEY
Address: 2150 NW 188 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T
Name: VELASQUEZ, MARISOL
Address: 2191 NW 188 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D
Name: ROCHA, EDDIE
Address: 1911 NW 188 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D
Name: DINNALL, JACKIE
Address: 2191 NW 188 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: KAREN CLARK

PRES

02/09/2010

Electronic Signature of Signing Officer or Director

Date