

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90011 025 ****61.25

DOCUMENT # N02572			
1. Entity Name CORAL SPRINGS TOWER CLUB II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8400 N. UNIVERSITY DR. 203 TAMARAC, FL 33321 US		Mailing Address 2141 N. UNIVERSITY DR. 337 CORAL SPRINGS, FL 33071 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>4613 N. UNIVERSITY DR</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>215</i>	
City & State		City & State <i>CORAL SPRINGS, FL</i>	
Zip	Country	Zip	Country
<i>33067</i>		<i>33067</i>	<i>FL</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RANDALL K. ROGER & ASSOCIATES, P.A. ONE PARK PLACE - 621 N.W. 53RD STREET #300 BOCA RATON, FL 33487		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	TSD SHALLBERG, ELLEN 2771 RIVERSIDE DRIVE #A210 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T/D</i> JOSE SEQUEIRA 12573 N.W. 54 CT. CORAL SPRINGS, FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HJELMIER, CHRIS 2701 RIVERSIDE DRIVE #B117 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROADBENT, WALTER 2701 RIVERSIDE DRIVE #B205 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNEKA, MARGARET 2701 RIVERSIDE DRIVE #B217 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/D</i> HENNEKA, MARGARET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTMAN, RONALD 2771 RIVERSIDE DR. #A202 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, MICHAEL 2701 RIVERSIDE DRIVE #B406 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 thereto, with all other like employees.			
SIGNATURE: <i>WALTER BROADBENT, PRES</i>		Date: <i>3/13/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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4. FEI Number 59-2440715 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required