
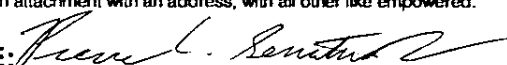


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90094 026 ****61.25

DOCUMENT # N03000002821					
1. Entity Name MURANO AT HAMPTON PARK NO. 2 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8540 SW 25 CT MIRAMAR, FL 33025			Mailing Address 8540 SW 25 CT MIRAMAR, FL 33025		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-1057697	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARY MARS, P.A. 150 WEST FLAGLER STREET MUSEUM TOWER, STE 2701 MIAMI, FL 33130			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME SERRAND, VALERIE STREET ADDRESS 8432 SW 29 ST CITY-ST-ZIP HOLLYWOOD, FL 33025	<input checked="" type="checkbox"/> Delete				
TITLE TD NAME DEEPANKUR, IDNANI STREET ADDRESS 8444 SW 29 ST CITY-ST-ZIP HOLLYWOOD, FL 33025	<input checked="" type="checkbox"/> Delete				
TITLE SD NAME HIBBERT, CLAUDIEME STREET ADDRESS 8488 SW 29 ST CITY-ST-ZIP HOLLYWOOD, FL 33025	<input checked="" type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete				
TITLE D NAME George Daskow STREET ADDRESS 8480 SW 29 Street CITY-ST-ZIP Miramar, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME Cassandre Fontaine STREET ADDRESS 2872 SW 85 Avenue CITY-ST-ZIP Miramar, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME Pierre Senatus, Jr. STREET ADDRESS 8488 SW 29 Street CITY-ST-ZIP Miramar, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 with an address, with all other like empowered.					
SIGNATURE: 				4/26/07 9544362230	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	