

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90029 008 \*\*\*\*61.25

|   |                                 |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| <b>DOCUMENT # N03000002821</b>  |                                 |  |  |  |  |
| <b>1. Entity Name</b><br>MURANO AT HAMPTON PARK NO. 2 CONDOMINIUM ASSOCIATION, INC.   |                                 |  |  |  |  |
| <b>Principal Place of Business</b><br>C/O J & L PROPERTY MANAGEMENT, INC.<br>10191 W SAMPLE RD, SUITE 203<br>CORAL SPRINGS, FL 33065  |                                 |  | <b>Mailing Address</b><br>C/O J & L PROPERTY MANAGEMENT, INC.<br>10191 W SAMPLE RD, SUITE 203<br>CORAL SPRINGS, FL 33065 |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                                 | <b>3. Mailing Address</b>                                      |  |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |  |  |  |
| City & State  |                                 | City & State   |  |  |  |
| Zip   | Country                         | Zip  | Country  |  |  |
| <b>4. FEI Number</b><br>33-1057697  |                                 |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |                                 |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                                 |  | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| J & L PROPERTY MANAGEMENT, INC.<br>10191 W SAMPLE RD SUITE 203<br>CORAL SPRINGS, FL 33065   |                                 |  | Name   |  |  |
|   |                                 |  | Street Address (P.O. Box Number is Not Acceptable)   |  |  |
|   |                                 |  | City   |  |  |
|   |                                 |  | FL Zip Code  |  |  |
| <b>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.</b>  |                                 |  |  |  |  |
| <b>SIGNATURE</b> _____<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 Due by May 1, 2008</b>   |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |                                 |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE   | D                               | <input checked="" type="checkbox"/> Delete                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | DASKON, GEORGE                  |  | NAME   | P FONTAINE, CASSANDRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2872 SW 85th AVE<br>MIRAMAR FL 33025 |  |
| STREET ADDRESS  | 8480 SW 29 STREET               |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | MIRAMAR, FL 33025               |  | CITY - ST - ZIP  |  |  |
| TITLE   | D                               | <input type="checkbox"/> Delete                                | TITLE  | P LAURA ROBERTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2786 SW 85th AVE<br>MIRAMAR FL 33025       |  |
| NAME  | FONTAINE, CASSANDIE             |  | NAME   |  |  |
| STREET ADDRESS  | 2872 SW 85 AVENUE               |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | MIRAMAR, FL 33025               |  | CITY - ST - ZIP  |  |  |
| TITLE   | D                               | <input type="checkbox"/> Delete                                | TITLE  | P LAURA ROBERTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2786 SW 85th AVE<br>MIRAMAR FL 33025       |  |
| NAME  | SENATUS, PIERRE JR              |  | NAME   |  |  |
| STREET ADDRESS  | 8488 SW 29 ST                   |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | MIRAMAR, FL 33025               |  | CITY - ST - ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE  | P LAURA ROBERTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2786 SW 85th AVE<br>MIRAMAR FL 33025       |  |
| NAME  |                                 |  | NAME   |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |                                 |  | CITY - ST - ZIP  |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE  | P LAURA ROBERTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2786 SW 85th AVE<br>MIRAMAR FL 33025       |  |
| NAME  |                                 |  | NAME   |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |                                 |  | CITY - ST - ZIP  |  |  |
| <b>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> |                                 |  |  |  |  |
| <b>SIGNATURE:</b> _____   |                                 |  | 4/19/08  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                 |  | <small>Date Daytime Phone #</small>  |  |  |