

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009811

FILED
Apr 17, 2009
Secretary of State

Entity Name: HOMETOWN BUSINESS CENTER II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16575 SW 117 AVENUE
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

16575 SW 117 AVENUE
MIAMI, FL 33177

New Mailing Address:

FEI Number: 13-4274066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ, ANDRES R
16575 SW 117 AVENUE
MIAMI, FL 33177 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: PD () Delete
Name: NUNEZ, ANDRES R
Address: 16575 SW 117 AVENUE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: ARIAS, JESSICA
Address: 16575 SW 117 AVENUE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: DE LEON, ROBERT
Address: 16575 SW 117 AVENUE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDRES R NUNEZ

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date