

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90041 043 \*\*\*\*61.25

<b>DOCUMENT # N04000005926</b>					
<b>1. Entity Name</b> UPPER NORTH BAY ROAD HOMEOWNERS' ASSOCIATION II, INC.					
<b>Principal Place of Business</b> 960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH, FL 33140			<b>Mailing Address</b> 960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH, FL 33140		
<b>2. Principal Place of Business - No P.O. Box #</b> 5420 NORTH BAY ROAD		<b>3. Mailing Address</b> 5420 NORTH BAY ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami Beach, FL		<b>City &amp; State</b> Miami Beach, FL		<b>4. FEI Number</b> 55-0891819	
<b>Zip</b> 33140		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04152008 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  FRANKEL, JUDITH A 960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH, FL 33140			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 5420 NORTH BAY ROAD City Miami Beach FL Zip Code 33140		
<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>					
SIGNATURE <u>JUDITH FRANKEL</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4-15-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, ED 5725 NORTH BAY ROAD MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JUDITH, FRANKA 5420 NORTH BAY ROAD MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORQUARTER, ELIZABETH 5423 NORTH BAY ROAD MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDITH FRANKEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK TOBIN 5410 NORTH BAY ROAD MIAMI BEACH, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<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> <u>JUDITH FRANKEL</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4-15-08</u> DAYTIME PHONE # <u>305-674-130</u>		