

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000009672

1. Entity Name
MELROSE APARTMENTS II CONDOMINIUM
ASSOCIATION, INC.



FILED

2008 SEP 26 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5810 COMMERCE LANE
SOUTH MIAMI, FL 33143

Mailing Address
5810 COMMERCE LANE
SOUTH MIAMI, FL 33143

2. Principal Place of Business - No P.O. Box #

8600 NW 17 ST

3. Mailing Address

8600 NW 17 ST

Suite, Apt. #, etc.

170

Suite, Apt. #, etc.

170

City & State

DORAL FL

City & State

DORAL FL

Zip

33126

Country

U.S.A

Zip

33126

Country

U.S.A

09182008

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-2308980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J SR
2611 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE MGR ☒ Delete
NAME DELEON, CARLOS SR
STREET ADDRESS 5860 SW 87 STREET
CITY-ST-ZIP MIAMI, FL 33143

TITLE MGR ☒ Delete
NAME ZOSMAN OFER SR
STREET ADDRESS 11012 SW 80 AVENUE
CITY-ST-ZIP MIAMI, FL 33156

TITLE P ☐ Delete
NAME ARIPOLO, EDWIN
STREET ADDRESS 3400 NE 192 ST Suite 1204
CITY-ST-ZIP Aventura FL 33180

TITLE VP ☐ Delete
NAME ARIPOLO, MAURICE D
STREET ADDRESS 3400 NE 192 ST Suite 1204
CITY-ST-ZIP Aventura FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400136464984
CITY-ST-ZIP 09/30/08--01009--006 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: EDWIN ARIPOLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/08

Date

305-715-2401

Daytime Phone #