

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 28, 2009**  
**Secretary of State**

DOCUMENT# N04000009672

**Entity Name:** MELROSE APARTMENTS II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**8600 NW 17 ST  
SUITE 170  
DORAL, FL 33126**New Principal Place of Business:****Current Mailing Address:**8600 NW 17 ST  
SUITE 170  
DORAL, FL 33126**New Mailing Address:****FEI Number:** 20-2308980**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SMOLER, BRUCE J SR  
2611 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 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:** P ( ) Delete  
**Name:** ARIPOL, EDWIN  
**Address:** 3400 NE 192 ST, SUITE 1204  
**City-St-Zip:** AVENTURA, FL 33180**Title:** VP ( ) Delete  
**Name:** ARIPOL, MAURICE D  
**Address:** 3400 NE 192 ST, SUITE 1204  
**City-St-Zip:** AVENTURA, FL 33180**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** ARIPPOL, EDWIN  
**Address:** 3400 NE 192 ST, SUITE 1204  
**City-St-Zip:** AVENTURA, FL 33180**Title:** VP (X) Change ( ) Addition  
**Name:** ARIPPOL, MAURICE D  
**Address:** 3400 NE 192 ST, SUITE 1204  
**City-St-Zip:** AVENTURA, FL 33180**Title:** T ( ) Change (X) Addition  
**Name:** ARIPPOL, LEONARD  
**Address:** 3400 NE 192 ST, SUITE 1204  
**City-St-Zip:** AVENTURA, FL 33180

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: EDWIN ARIPPOL

P

07/28/2009

Electronic Signature of Signing Officer or Director

Date