

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90159 032 \*\*\*\*61.25

<b>DOCUMENT # N05000000393</b>					
<b>1. Entity Name</b> EL JARDIN II CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334			<b>Mailing Address</b> C/O 600 CORPORATE DRIVE SUITE 102 FORT LAUDERDALE, FL 33334		
<b>2. Principal Place of Business</b> 4380 U.S. Hwy #1 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4380 U.S. Hwy #1 Suite, Apt. #, etc.		04112006    Chg-NP    CR2E037 (11/05)	
<b>City &amp; State</b> VERO BEACH FL Zip    Country 32967    USA		<b>City &amp; State</b> VERO BEACH FL Zip    Country 32967    USA		<b>4. FEI Number</b> 20-2287066 Applied For <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> HASTINGS, CHERYL L ESQ. 5551 RIDGEWOOD DRIVE SUITE 501 NAPLES, FL 34108	
<b>7. Name and Address of New Registered Agent</b> Name: <u>SPEECHLY JR Clifford S.</u> Street Address (P.O. Box Number is Not Acceptable): 4380 U.S. Hwy #1 City: <u>VERO BEACH</u> <b>FL</b> Zip Code: <u>32967</u>				<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> <u>Clifford S. Speechly Jr, Mgr. 4/22/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <b>DATE</b>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</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</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> SAN JOSE, TIRSO 600 CORPORATE DRIVE #102 FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> SAN JOSE, TIRSO 600 CORPORATE DRIVE #102 FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> VALDIVIA, ALBERT 600 CORPORATE DRIVE #102 FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M Speechly, JR. Clifford S. 4380 U.S. Hwy #1 VERO BEACH FL 32967	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<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>Clifford S. Speechly Jr</u> <u>4/22/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					