
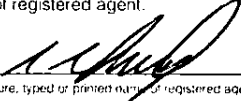



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90072 039 ****61.25

DOCUMENT # N05000000393			
1. Entity Name EL JARDIN II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4380 US HWY 1 VERO BEACH, FL 32967		Mailing Address 4380 US HWY 1 SUITE 102 VERO BEACH, FL 32967	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4380 U.S. HWY #1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Vero Beach, FL	
Zip	Country	Zip	Country
32967		32967	USA
4. FEI Number 20-2287066		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPÉFCHL, CLIFFORD S JR 4380 US HWY 1 VERO BEACH, FL 32967		Name Clifford S. Speechly, Jr Street Address (P.O. Box Number's Not Acceptable) 4380 U.S. Hwy #1 City Vero Beach FL Zip Code 32967	
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  Clifford S. Speechly, Jr.		DATE 4/17/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN JOSE, TIRSO 600 CORPORATE DRIVE #102 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP Nick Tarabocchia 4380 U.S. Hwy #1 Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN JOSE, TIRSO 600 CORPORATE DRIVE #102 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV Randy Ford 4380 U.S. Hwy #1 Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDIVIA, ALBERT 600 CORPORATE DRIVE #102 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Diana Federer 4380 U.S. Hwy #1 Vero Beach, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SPEECHLY, CLIFFORD S JR 4380 US HWY 1 VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/M/Sec Clifford S. Speechly, Jr 4380 U.S. Hwy #1 Vero Beach, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Clifford S. Speechly, Jr.		DATE: 4/17/07 (772) 564-7440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40072133

