

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000393

FILED
Apr 30, 2008
Secretary of State

Entity Name: EL JARDIN II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4380 US HWY 1
VERO BEACH, FL 32967

New Principal Place of Business:

5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457

Current Mailing Address:

5955 TG LEE BLVD.
ORLANDO, FL 328224457

New Mailing Address:

5955 TG LEE BLVD.
STE 300
ORLANDO, FL 328224457

FEI Number: 20-2287066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEFCHL, CLIFFORD S JR
4380 US HWY 1
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457 US

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: REBECCA FURLOW

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TARABOCCHIA, NICK
Address: 4380 U.S. HWY #1
City-St-Zip: VERO BEACH, FL 32967

Title: DV () Delete
Name: FORD, RANDY
Address: 4380 U.S. HWY #1
City-St-Zip: VERO BEACH, FL 32967

Title: MAS () Delete
Name: SPEECHLY JR, CLIFFORD S
Address: 4380 U.S. HWY #1
City-St-Zip: VERO BEACH, FL 32967

Title: M (X) Delete
Name: SPEECHLY, CLIFFORD S JR
Address: 4380 US HWY 1
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TARABOCCHIA, NICK
Address: 244 SHAMROCK RD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: WILDER, JOEL
Address: 8459 W 7TH AVENUE
City-St-Zip: LAKEWOOD, CO 80215

Title: D (X) Change () Addition
Name: FEDERER, DIANE
Address: 140 CALLE EL JARDIN # 103
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NICK TARABOCCHIA

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date