

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000397

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: LA TERRAZA II CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

5955 T G LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

## New Principal Place of Business:

220 PASEO TERRAZA  
ST AUGUSTINE, FL 32084

## Current Mailing Address:

5955 T G LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

## New Mailing Address:

79 MASTERS DR  
SAINT AUGUSTINE, FL 32084

FEI Number: 20-2287331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC  
5955 T G LEE BLVD  
STE 300  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

THE NEIGHBORHOOD MANAGERS  
79 MASTERS DRIVE  
ST AUGUSTINE, FL 32084 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: JANICE L. HERREN

04/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MARCH, GOOD  
Address: % 600 CORPORATE DR - STE 102  
City-St-Zip: FT LAUDERDALE, FL 33334

Title: D ( ) Delete  
Name: VALDIVIA, ALBERT  
Address: % 600 CORPORATE DR - STE 102  
City-St-Zip: FT LAUDERDALE, FL 33334

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GRAUBARD, ROBERT MR  
Address: 33 WATER STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VPD (X) Change ( ) Addition  
Name: ATTIAS, MIKE MR  
Address: 1801 E. 9TH STREET  
City-St-Zip: CLEVELAND, OH 44114

Title: STD ( ) Change (X) Addition  
Name: HAZEN, ALISON MS  
Address: 1330 EAGLE CROSSING DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

Title: D ( ) Change (X) Addition  
Name: LENART, EMERY MR  
Address: 220 PASEO TERRAZA #205  
City-St-Zip: ST AUGUSTINE, FL 32084

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: ROBERT GRAUBARD

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date