2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N05000003849

Entity Name: PELL MANOR II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1850 ARTHUR ST
HOLLYWOOD, FL 33020

New Principal Place of Business:

1836 ARTHUR ST
HOLLYWOOD, FL 33020

Current Mailing Address:

1850 ARTHUR ST
HOLLYWOOD, FL 33020

New Mailing Address:

1836 ARTHUR ST
HOLLYWOOD, FL 33020

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDS, SHARON
1850 ARTHUR ST
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

CAMBER, OREN J
1836 ARTHUR ST
UNIT 21
HOLLYWOOD, FL 33020 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: OREN CAMBER 04/28/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMBER, OREN
Address: 1850 ARTHUR ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: VD ( ) Delete
Name: FIELDS, SHARON
Address: 1850 ARTHUR ST UNIT 14
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD (X) Delete
Name: DIPASQUALE, JURAMISA
Address: 1850 ARTHUR ST UNIT 10
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAMBER, OREN J
Address: 1836 ARTHUR ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD (X) Change ( ) Addition
Name: LIPSCHUTZ, WILLY
Address: 4330 HILLCREST DR., #417
City-St-Zip: HOLLYWOOD, FL 33021

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

I hereby certify that the information supplied with this filing does not qualify for the 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: OREN CAMBER PD 04/28/2006
Electronic Signature of Signing Officer or Director Date