

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90041 027 ****61.25

DOCUMENT # N05000003849

1. Entity Name
PELL MANOR II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1836 ARTHUR ST
HOLLYWOOD, FL 33020**

Mailing Address
**1836 ARTHUR ST
HOLLYWOOD, FL 33020**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-4695993

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENSUEIG, NEAL GARY
3711 VAN BUREN ST #8
HOLLYWOOD, FL 33021**

3711 VAN BUREN ST. #8

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **D**
STREET ADDRESS **CAMBER, OREN J**
CITY-ST-ZIP **1836 ARTHUR ST #21
HOLLYWOOD, FL 33020**

TITLE ☒ Change ☐ Addition
NAME **DVP**
STREET ADDRESS **CAMBER, OREN J**
CITY-ST-ZIP **1836 ARTHUR ST #21
HOLLYWOOD, FL 33020**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **CONDOS, LORRAINE**
CITY-ST-ZIP **317 W. 54TH ST #2-D
NEW YORK, NY 10019**

TITLE ☐ Change ☒ Addition
NAME **DP**
STREET ADDRESS **DAVID DE ANGELIS**
CITY-ST-ZIP **152 ELWYN ST
CRANSTON, RI 02920**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TAGARIELLO, PATRICIA**
CITY-ST-ZIP **230 W. 1ST STREET
DEER PARK, NY 11725**

TITLE ☒ Change ☐ Addition
NAME **DST**
STREET ADDRESS **TAGARIELLO, PATRICIA**
CITY-ST-ZIP **230 W. 1ST ST
DEER PARK, NY 11729**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Tagariello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08
Date

631-667-2403
954-923-8432
Daytime Phone #