2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000007669

FILED
Aug 30, 2011
Secretary of State

Entity Name: MARINA MILE BUSINESS PARK COMMERCIAL CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
2860 MARINA MILE BLVD., STE. 117 FT. LAUDERDALE, FL 33312	C/O MINK & MINK, INC. 3081 EAST COMMERCIAL BLVD. STE. #105 FT. LAUDERDALE, FL 33308
Current Mailing Address:	**New Mailing Address:**
400 SANTA CLARA TRAIL WELLINGTON, FL 33414	C/O MINK & MINK, INC. 3081 EAST COMMERCIAL BLVD. STE. #105 FT. LAUDERDALE, FL 33308

FEI Number: 20-3528743   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MANSFIELD, RAYMOND D 400 SANTA CLARA TRAIL WELLINGTON, FL 33414 US	MINK & MINK, INC. 3081 EAST COMMERCIAL BLVD. # 105 FT. LAUDERDALE, FL 33308 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: DEBRA K. MINK   08/30/2011

_____Electronic Signature of Registered Agent_____   _____Date_____

OFFICERS AND DIRECTORS:

Title: DP
Name: MANSFIELD, RAYMOND D
Address: 400 SANTA CLARA TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: DS
Name: PRINCE, ADAM
Address: 400 SANTA CLARA TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: DT
Name: BIGGER, BILL
Address: 400 SANTA CLARA TRAIL
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND D. MANSFIELD   DP   08/30/2011

_____Electronic Signature of Signing Officer or Director_____   _____Date_____