## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05342

FILED Feb 08, 2008 Secretary of State

Entity Name: THE MIRAMAR II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	CEAN DR BEACH, FL 34	4957			
Current Mailing Address:			New Maili	New Mailing Address:	
	CEAN DR BEACH, FL 34	4957			
El Numbe	er: 59-2574660	FEI Number Applied For ( )	FEI Number Not Appl	cable ( ) Certificate of Status Desired ( )	
Name an	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
	ERNON JTH OCEAN D BEACH, FL 34				
	e named entity te of Florida.	submits this statement for the	purpose of changing i	s registered office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	PD (	) Delete	Title:	( ) Ob ( ) 0 dditi	
√ame: √ddress:	RAFFIN, GINC 9960 SOUTH	OCEAN DRIVE UNIT 1503	Name: Address: City-St-Zip:	()Change ()Addition	
itle: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip:	RAFFIN, GINC 9960 SOUTH ( JENSEN BEAC VPD ( ZBIN, DON 9960N SOUTH	OCEAN DRIVE UNIT 1503 CH, FL 34957 ) Delete HOCEAN DRIVE UNIT 405	Name: Address:	( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	RAFFIN, GINC 9960 SOUTH ( JENSEN BEAC VPD ( ZBIN, DON 9960N SOUTH JENSEN BEAC TD ( MILICI, ROBE 9960 S OCEAL	OCEAN DRIVE UNIT 1503 CH, FL 34957  ) Delete H OCEAN DRIVE UNIT 405 CH, FL 34957  ) Delete RT N DRIVE UNIT 1002	Name: Address: City-St-Zip: Title: Name: Address:		
lame: Address: City-St-Zip: Jame: Address: City-St-Zip: Jame: Jame: Address: Address:	RAFFIN, GINC 9960 SOUTH ( JENSEN BEAG VPD ( ZBIN, DON 9960N SOUTH- JENSEN BEAG TD ( MILICI, ROBE 9960 S OCEAI JENSEN BEAG SD ( JOHNSON, GL 9960 SOUTH (	DCEAN DRIVE UNIT 1503 CH, FL 34957  ) Delete H OCEAN DRIVE UNIT 405 CH, FL 34957  ) Delete RT N DRIVE UNIT 1002 CH, FL 34957  ) Delete CH, FL 34957  ) Delete LORIA I OCEAN DRIVE UNIT 402	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  D (X) Change ( ) Addition  MILICI, ROBERT  9960 S OCEAN DRIVE UNIT 1002	

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: VERNON ROOT MAN 02/08/2008