

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90769 031 ****61.25

DOCUMENT # N05471 1. Entity Name ENVIRON TOWERS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7300 RADICE COURT LAUDERHILL FL 33319			Mailing Address 7300 RADICE COURT LAUDERHILL FL 33319		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2506971	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHATZMAN, HAROLD H. 7300 RADICE CT. LAUDERHILL FL 33319				7. Name and Address of New Registered Agent 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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY - ST - ZIP	PD SCHATZMAN, HAROLD H. 7300 RADICE COURT LAUDERHILL FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STOFF, LARRY 7400 RADICE CT LAUDERHILL FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WEITZ, WILLIAM 7400 RADICE COURT LAUDERHILL FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JACOBUS, DORIS G. 7300 RADICE COURT LAUDERHILL FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Harold H. Schatzman</i> HAROLD H. SCHATZMAN 954 733 0285 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					