

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2007  
Secretary of State**

DOCUMENT# N06000010464

Entity Name: PINE HOLLOW II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4044 MERIDIAN AVE STE 3A  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4044 MERIDIAN AVE STE 3A  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GREENSPOON MARDER, P.A.  
100 WEST CYPRESS CREEK ROAD STE 700  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: BOAZIZ, MORDECHAI  
Address: 4044 MERIDIAN AVE STE 3A  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DV ( ) Delete  
Name: SUQUET, LAURIE  
Address: 6320 SWEET MAPLE LANE  
City-St-Zip: BOCA RATON, FL 33433

Title: DS ( ) Delete  
Name: OZ, MICHAEL  
Address: 4044 MERIDIAN AVE STE 3A  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: MORDECHAI BOAZIZ

MNG

05/01/2007

Electronic Signature of Signing Officer or Director

Date