2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State 03-20-2008 90033 025 ****61.25

Daytime Phone #

DOCUMENT # N10847 1. Entity Name SOUTH LAKE II CONDOMINIUM ASSOCIATION, INC.				03-20-2008 90033 023 *** 61.23
Principal Place of Business C/O BANYAN PROPERTY MANAGEMENT INC 2328 S CONGRESS AVE SUITE 1C WEST PALM BEACH, FL 33406		Mailing Address C/O BANYAN PROPERTY MANAGEMENT INC 2328 S CONGRESS AVE SUITE 1C WEST PALM BEACH, FL 33406		50000502
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132008 Chg-NP CR2E037 (12/06)
City & State		City & State		4. FEI Number Applied For 59-2680281 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
DICKER,KRIVOK AND STOLOFF, PA 1818 AUSTRALIAN SOUTH SUITE 400			Name Street Addre	Filley + Wyant - Cortez PA ess (P.O. Box Number is Not Acceptable)
WEST PALM BEACH, FL 33409			860	US HWY ONE Suite 108
	•		City	18 FL 33408
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 bits if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	· · -	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZEP	GERHARDT, BERNARD 11 VIA DE CASAS SUR #101 BOYNTON BEACH, FL 33426	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Hodice M. Federico 4 via de casas sul #104 800 vion Beach F. 33424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELFAND, JUSTIN 9 VIA DE CASAS SUR #102 BOYNTON BEACH, FL 33426	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUIDA, SAMUEL P 21 VIA DE CASAS SUR #204 BOYNTON BEACH, FL 33426	☐ Delete	THLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, DAVID 8 VIA DE CASA SUR # 103 BOYNTON BEACH, FL 33426	☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. Thereby certify that the information supplied with this filing does per 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 trusted empowered to elecute 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: SUNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				