

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N23269** (6)

1. Corporation Name  
**WAREHOUSE II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
3191 SW 14TH PLACE BAY #16 BOYNTON BEACH FL 33426 US	3191 SW 14TH PLACE BAY #16 BOYNTON BEACH FL 33426 US

3. Date Incorporated or Qualified **11/02/1987** 3a. Date of Last Report **01/26/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0011792</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent

**HUDSON REALTY OF THE PALM BEACHES, INC.**  
211 S FEDERAL HWY #B-3  
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name **ALBERT H. STALL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1626 PALMLANDS DR.**  
83  
84 City **BOYNTON BEACH** FL 85 Zip Code **33436**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE *Albert H. Stall* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAKOWSKI, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>920 DOGWOOD DRIVE #360</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROTZER, GREGG M</b>	2.2 NAME	
STREET ADDRESS	<b>3108 SHERWOOD BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TREAS. DIR., SEC-1</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAGA, RALPH</b>	3.2 NAME	<b>JOHN DUNCAN</b>
STREET ADDRESS	<b>1555 S FEDERAL HWY #302</b>	3.3 STREET ADDRESS	<b>3191 SW 14 PL</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>B. OF D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, MICHAEL</b>	4.2 NAME	<b>JAMES SHORTLEW</b>
STREET ADDRESS	<b>6416 N UNIVERSITY DRIVE</b>	4.3 STREET ADDRESS	<b>P.O. BOX 3432</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>	4.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *John Lewis* DATE: **3-19-96** DAYTIME PHONE #: **407-734-5446**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)