

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90066 039 ****61.25

DOCUMENT # N23269

1. Entity Name

WAREHOUSE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3191 SW 14TH PLACE
 BAY #16
 BOYNTON BEACH FL 33426
 US

Mailing Address

~~660 W LINTON BLVD
 SUITE 202
 DELRAY BEACH FL 33444-8150
 US~~

2. Principal Place of Business

3. Mailing Address

% Gouvert

Suite, Apt. #, etc.

P.O. Box 273445

City & State

BOCA RATON FL

Zip

33427

Country

US

4. FEI Number

65-0011792

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOUVERT, DOLORES
~~660 W LINTON BLVD~~
~~SUITE 202~~
~~DELRAY BEACH FL 33444~~

7. Name and Address of New Registered Agent

Name *Gouvert, Dolores*
 Street Address (P.O. Box Number is Not Acceptable) *6842 BRIDLEWOOD CT*
 City *BOCA RATON* FL Zip Code *33433*

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.

SIGNATURE *Dolores Gouvert* DATE *2/17/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUNO, ANTHONY	
STREET ADDRESS	3191 SW 14TH PL, BAY 13	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PELUSO, JOHN	
STREET ADDRESS	3191 SW 14TH PL, BAY 15	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LODOLCE, CHARLES J	
STREET ADDRESS	4740 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL 33481	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EDWARD	
STREET ADDRESS	3191 SW 14TH PLACE PO BOX 929	
CITY-ST-ZIP	DELRAY BEACH, FL 33447	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 links empowered.

SIGNATURE: *Anthony Bruno PD* DATE: *2/22* DAYTIME PHONE #: *561-243-1263*
Signature and typed or printed name of signing officer or director

CR2E037 (9/99)