


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N23269
 1. Entity Name
 WAREHOUSE II CONDOMINIUM ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 3191 SW 14TH PLACE BAY 13 BOYNTON BEACH, FL 33426 US | Mailing Address C/O GOVERT PO BOX 273445 BOCA RATON, FL 33427 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01292004 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0011792 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 GOUVERT, DOLORES
 6842 BRIDLEWOOD CT
 BOCA RATON, FL 33433

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000034790
 02/05/04-80099-002 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BRUNO, ANTHONY 3191 SW 14TH PL, BAY 13 BOYNTON BEACH, FL 33426 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD SMITH, EDWARD 3191 SW 14TH PLACE DELRAY BEACH, FL 33447 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ROCCHIO, SCOTT 3191 SW 14TH PLACE DELRAY BEACH, FL 33447 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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: *[Signature]* 2/2/04 PRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #