


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90007 040 \*\*\*\*61.25

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

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

**DO NOT WRITE IN THIS SPACE**

40101122



02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
 65-0011792      Not Applicable

5. Certificate of Status Desired       \$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, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	DUFF, ROBERT
STREET ADDRESS	3191 SW 14TH PLACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33425
TITLE	PD
NAME	ROCCHIO, SCOTT
STREET ADDRESS	3191 SW 14 PLACE STE 16
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	Secretary
NAME	Smith, Edward
STREET ADDRESS	3191 SW 14 PL
CITY-ST-ZIP	Boynton Beach, FL 33426
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 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 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 another like empowered.

**SIGNATURE:**       5-1-08      561-739-9959  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #