

**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

3191 SW 14TH PLACE
BAY 13
BOYNTON BEACH, FL 33426 US

Mailing Address

C/O GOVERT
PO BOX 273445
BOCA RATON, FL 33427 US

40101125



02132008 No Chg-NP

CR2E037 (4/06)

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
6842 BRIDLEWOOD CT
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DUFF, ROBERT
3191 SW 14TH PLACE
BOYNTON BEACH, FL 33425

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROCCHIO, SCOTT
3191 SW 14 PLACE STE 16
BOYNTON BEACH, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Smith, Edward
3191 SW 14 PL
Boynton Beach, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-08

561-739-9959