

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 06, 2009  
Secretary of State**

DOCUMENT# N23269

Entity Name: WAREHOUSE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0011792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOUVERT, DOLORES  
6842 BRIDLEWOOD CT  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: DUFF, ROBERT  
Address: 3191 SW 14TH PLACE  
City-St-Zip: BOYNTON BEACH, FL 33425

Title: PD ( ) Delete  
Name: ROCCHIO, SCOTT  
Address: 3191 SW 14 PLACE STE 16  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S ( ) Delete  
Name: SMITH, EDWARD  
Address: 1391 SW 14 PL  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: DUFF, ROBERT  
Address: 3191 SW 14TH PLACE  
City-St-Zip: BOYNTON BEACH, FL 33425

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: SMITH, EDWARD  
Address: 1391 SW 14 PL  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES GOVERT

RA

02/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date