

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36228 (7)**

1. Corporation Name  
**PASADENA ESTATES II HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business P.O. BOX 820662 SOUTH FLORIDA FL 33082 US	Mailing Address P.O. BOX 820662 SOUTH FLORIDA FL 33082 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/17/1990	3a. Date of Last Report 05/21/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0250047	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  ROMAN, ROBERT 20051 NW 5 ST PEMBROKE PINES FL 33029	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, ROBERT	1.2 NAME	
STREET ADDRESS	20051 NW 5ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STABILE, KRISTINA	2.2 NAME	
STREET ADDRESS	19710 NE 2 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JOSE	3.2 NAME	ALBERT P. FERNANDEZ
STREET ADDRESS	20041 NE 8 ST	3.3 STREET ADDRESS	19831 NW 2 STREET
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	DAVID BATES VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIESEBOIS, BARBARA	4.2 NAME	DAVID BATES
STREET ADDRESS	19710 NW 2ST	4.3 STREET ADDRESS	19840 NW 2 STREET
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADWELL, BARBARA	5.2 NAME	
STREET ADDRESS	19930 NW 3 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, PAULA	6.2 NAME	
STREET ADDRESS	241 N.W. 197TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if challenged, or in Block 12 if challenged with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED 9-9-97

CFR2E037 (4/97)