

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36228

1. Entity Name

PASADENA ESTATES II HOMEOWNERS ASSOCIATION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90027 049 ****61.25

Principal Place of Business

Mailing Address

9000 SHERIDAN ST.
SUITE 100
PEMBROKE PINES FL 33024
US

9000 SHERIDAN ST
SUITE 100
PEMBROKE PINES FL 33024
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0250047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIMMERMAN, HOWARD J
ZIMMERMAN MANAGEMENT SERVICES, INC
9000 SHERIDAN ST SUITE 100
PEMBROKE PINES FL 33024

Name Mark Poffenbarger

Street Address (P.O. Box Number is Not Acceptable)
c/o Century Management Services, Inc.

9000 Sheridan St. Suite 100

City
Pembroke Pines

FL

Zip Code
33024

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.

SIGNATURE

Mark Poffenbarger, Property Manager

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROMAN, ROBERT ☐ Delete
STREET ADDRESS 20051 NW 5 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VD ☐ Change ☒ Addition
NAME Jeffrey Rizzo
STREET ADDRESS 311 N.W. 198 Avenue
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE SD
NAME WHITMAN, CAROL ☐ Delete
STREET ADDRESS 211 NW 198 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME BIVONA, ANTHONY
STREET ADDRESS 231 NW 198 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MADEWELL, BARBARA
STREET ADDRESS 19930 NW 3 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE TD ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ~~EUE JEAN~~
STREET ADDRESS 230 NW 201 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME SMITH, MELVIN
STREET ADDRESS 20031 NW 2 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)