
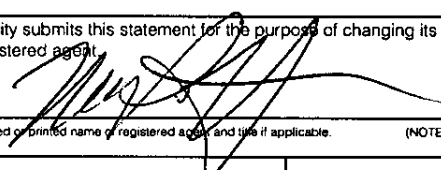
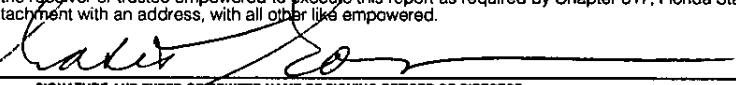


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90076 011 \*\*\*\*61.25

<b>DOCUMENT # N36228</b> 1. Entity Name <b>PASADENA ESTATES II HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>12505 ORANGE DRIVE SUITE 906 DAVIE, FL 33330 US</b>			Mailing Address <b>12505 ORANGE DRIVE SUITE 906 DAVIE, FL 33330 US</b>		
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 <b>65-0250047</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>POFFENBARGER, MARK % CENTURY MANAGEMENT SVCS INC 12505 ORANGE DRIVE SUITE 906 DAVIE, FL 33330</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <b>3-21-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>ROMAN, ROBERT</b> <b>20051 NW 5 ST.</b> <b>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Donna Ruhl</b> <b>20020 NW 3 Street</b> <b>Pembroke Pines, FL 33029</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>WHITMAN, CAROL</b> <b>211 NW 198 AVE.</b> <b>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Carol Whitman</b> <b>211 NW 198 Avenue</b> <b>Pembroke Pines, FL 33029</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>RIZZO, JEFFREY</b> <b>311 NW 198TH AVENUE</b> <b>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>MADEWELL, BARBARA</b> <b>19930 NW 3 ST.</b> <b>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>Barbara Madewell</b> <b>19930 NW 3 Street</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>SMITH, MELVIN</b> <b>20031 NW 2 ST</b> <b>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Melvin Smith</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BALLARD, JOHN</b> <b>19940 NW 3 ST</b> <b>PEMBROKE PINES, FL 33029</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>Jacob Betts</b> <b>20030 NW 2 Street</b> <b>Pembroke Pines, FL 33029</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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:  DATE <b>3-21-04</b> DAYTIME PHONE # <b>954-424-6353</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					