

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90066 006 \*\*\*\*61.25

**DOCUMENT # N36228**

1. Entity Name  
PASADENA ESTATES II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
12505 ORANGE DRIVE  
SUITE 906  
DAVIE, FL 33330 US

Mailing Address  
12505 ORANGE DRIVE  
SUITE 906  
DAVIE, FL 33330 US

40041371



2. Principal Place of Business - No P.O. Box #  
12233 SW 55th St  
Suite, Apt. #, etc.  
Suite 811  
City & State  
Caper City, FL  
Zip  
33330  
Country  
USA

3. Mailing Address  
12233 SW 55th Street  
Suite, Apt. #, etc.  
Suite 811  
City & State  
Caper City, FL  
Zip  
33330  
Country  
USA

02222007 Chg-NP CR2E037 (12/06)

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  
POFFENBARGER, MARK  
% CENTURY MANAGEMENT SVCS INC  
12505 ORANGE DRIVE SUITE 906  
DAVIE, FL 33330

7. Name and Address of New Registered Agent  
Name MARK Poffenbarger  
Street Address (P.O. Box Number is Not Acceptable)  
12233 SW 55th Street, Suite 811  
City Caper City FL Zip Code 33330

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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMAN, ROBERT 20051 NW 5 ST. PEMBROKE PINES, FL 33029 <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	D WHITMAN, CAROL 211 NW 198 AVE. PEMBROKE PINES, FL 33029 <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	P RIZZO, JEFFREY 311 NW 198TH AVENUE PEMBROKE PINES, FL 33029 <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	SD MADEWELL, BARBARA 19930 NW 3 ST. PEMBROKE PINES, FL 33029 <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	VP SMITH, MELVIN 20031 NW 2 ST PEMBROKE PINES, FL 33029 <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	D RUHL, DONNA 20020 NW 3RD ST POMPAHO BCH, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: [Signature] 3/19/07 (954)437-4132  
Signature and typed or printed name of signing officer or director Date Daytime Phone #