


**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**

3. Mailing Address  
**12233 SW 55th Street**

Suite, Apt. #, etc.  
**Suite 811**

02222007 Chg-NP CR2E037 (12/06)

City & State  
**Caper City, FL**

City & State  
**Caper City, FL**

Zip  
**33330**

Country  
**USA**

Zip  
**33330**

Country  
**USA**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 D	ROMAN, ROBERT 20051 NW 5 ST. PEMBROKE PINES, FL 33029	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	WHITMAN, CAROL 211 NW 198 AVE. PEMBROKE PINES, FL 33029	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	RIZZO, JEFFREY 311 NW 198TH AVENUE PEMBROKE PINES, FL 33029	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	MADEWELL, BARBARA 19930 NW 3 ST. PEMBROKE PINES, FL 33029	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	SMITH, MELVIN 20031 NW 2 ST PEMBROKE PINES, FL 33029	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	RUHL, DONNA 20020 NW 3RD ST POMPAÑO BCH, FL 33029	TITLE <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: *Jeff Rizzo* **3/19/07** (954)437-4152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #