


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90006 002 ****61.25

DOCUMENT # N36228		
1. Entity Name PASADENA ESTATES II HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 12233 SW 55TH STREET SUITE 811 COOPER CITY, FL 33330 US	Mailing Address 12233 SW 55TH STREET SUITE 811 COOPER CITY, FL 33330 US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	



Century Management Services, Inc. Century Management Services, Inc.
1495 North Park Drive 1495 North Park Drive
Weston, Florida 33326 Weston, Florida 33326

01162008 Chg-NP CR2E037 (12/06)

1. FEI Number 65-0250047	Applied For Not Applicable
2. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POFFENBARGER, MARK % CENTURY MANAGEMENT SVCS INC 12233 SW 55TH STREET, SUITE 811 COOPER CITY, FL 33330	7. Name and Address of New Registered Agent Century Management Services, Inc. 1495 North Park Drive Weston, Florida 33326 Agent: Mark Poffenbarger FL Zip Code
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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, 2008**

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

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	D WHITMAN, CAROL 211 NW 198 AVE. PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete
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	SD MADEWELL, BARBARA 19930 NW 3 ST. PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete
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	D RUHL, DONNA 20020 NW 3RD ST POMPANO BCH, FL 33029 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Kelly 19940 NW 3rd Str. Pembroke Pines, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter Avram Avram 311 NW 197th Ave. Pembroke Pines, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. Rickki Sovereigns 321 NW 201st Ave Pembroke Pines, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Nuria Battaglia 310 NW 197th Ave Pembroke Pines, FL 33029 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-08