

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 06, 2010**  
**Secretary of State**

DOCUMENT# N48189

**Entity Name:** WEST PALM GARDENS VILLAS II CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7101-7191 WEST 24 AVENUE.  
HIALEAH, FL 33016 US**New Principal Place of Business:**2530 WEST 78 ST  
1  
HIALEAH, FL 33016 US**Current Mailing Address:**C/O TRUST MANAGEMENT SERVICES GROUP  
P.O.BOX 160698  
HIALEAH, FL 33016 US**New Mailing Address:****FEI Number:** 65-0361607      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TRUST MANAGEMENT SERVICES GROUP  
2530 WEST 78 ST BAY #1  
HIALEAH, FL 33016 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD  
**Name:** LLORENTE, MAURICIO  
**Address:** P O BOX 160698  
**City-St-Zip:** HIALEAH, FL 33016 US**Title:** SD  
**Name:** HERNANDEZ, NELSON  
**Address:** P O BOX 160698  
**City-St-Zip:** HIALEAH, FL 33016**Title:** T  
**Name:** POUZ, NILDA J  
**Address:** P O BOX 160698  
**City-St-Zip:** HIALEAH, FL 33016 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAURICIO LLORENTE

P

10/06/2010

Electronic Signature of Signing Officer or Director

Date