


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91060 024 ****61.25

DOCUMENT # N96000000460
 1. Entity Name
 14TH STREET-SECTION II ASSOCIATION, INC.



94082577



Principal Place of Business
 3170 N. FEDERAL HWY.
 100
 LIGHTHOUSE POINT, FL 33064

Mailing Address
 3170 N. FEDERAL HWY.
 100
 LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04302004 Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0739563

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH, ROBERT H
 3170 N. FEDERAL HWY.
 SUITE 100
 LIGHTHOUSE POINT, FL 33064

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 2004

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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PUGSLEY, DENNIS			NAME	MOYLAN, DAVID		
STREET ADDRESS	2447 NE 14 STREET			STREET ADDRESS	2547 NE 14th STREET		
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP	POMPANO BEACH, FL 33062		
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GILL, SEAN			NAME	CIBIRA, DAVID		
STREET ADDRESS	2461 NE 14 STREET			STREET ADDRESS	2421 NE 14 STREET		
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP	POMPANO BEACH FL 33062		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAYFIELD, JR., EARL K			NAME	PLONOWSKI, THOMAS		
STREET ADDRESS	2445 NE 14 STREET			STREET ADDRESS	2425 NE 14 STREET		
CITY-ST-ZIP	POMPANO BEACH, FL 33062			CITY-ST-ZIP	POMPANO BEACH FL 33062		
TITLE	M	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ROBERT H			NAME			
STREET ADDRESS	3170 N. FEDERAL HWY. #100			STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Robert H Smith Date: 4/29/04 Daytime Phone #: 954-941-7671