2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N98000005145

Entity Name: CADIZ II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9415 SUNSET DRIVE
SUITE # 149
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

9415 SUNSET DRIVE
SUITE # 149
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0871503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELONI, EDOARDO
900 S.W. 40TH AVENUE
MIAMI, FL 33317 US

Name and Address of New Registered Agent:

FEIN & MELONI, PA
900 S.W. 40TH AVENUE
MIAMI, FL 33317 US

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: FEIN & MELONI, PA 02/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAMOS, LINO E
Address: 9415 SUNSET DRIVE SUITE # 149
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete
Name: AMADOR, JUAN
Address: 9415 SUNSET DRIVE STE. # 149
City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Delete
Name: TOYENS, ROBERTO
Address: 9415 SUNSET DRIVE SUITE # 149
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: AMADOR, JUAN
Address: 9415 SUNSET DRIVE SUITE # 149
City-St-Zip: MIAMI, FL 33173

Title: SD (X) Change ( ) Addition
Name: MACHADO, TERESA
Address: 9415 SUNSET DRIVE STE. # 149
City-St-Zip: MIAMI, FL 33173

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUAN AMADOR PD 02/10/2009
Electronic Signature of Signing Officer or Director Date