

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2008 8:00 am
Secretary of State

04-18-2008 90044 042 *****5.00
06-05-2008 90002 016 ***145.00

DOCUMENT # P02000133640					
1. Entity Name REALTY 100 ASSOCIATES II, INC.					
Principal Place of Business 21365 GOSIER WAY BOCA RATON FL 33428			Mailing Address 21365 GOSIER WAY BOCA RATON FL 33428		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1650387	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPADATZO, RONALD J 21365 GOSIER WAY BOCA RATON FL 33428 <i>NAME</i>			7. Name and Address of New Registered Agent Name RONALD J. SPADARO Street Address (P.O. Box Number is Not Acceptable) 21365 GOSIER WAY City BOCA RATON FL 33428		
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 fee applicable. (NOTE: Registered Agent signature required when changing agent.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SPADARO, RONALD J		NAME		
STREET ADDRESS	21365 GOSIER WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP		
TITLE	SEC-TRES	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOYLYNN SPADARO		NAME		
STREET ADDRESS	21365 GOSIER WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 exemptions contained in Section 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 607, 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: <i>Ronald J. Spadaro</i>			561-488-6350		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		