

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90674 009 ***150.00

DOCUMENT # P03000066565

1. Entity Name

CONDOMINIUM ADVISORS II, INC.



Principal Place of Business

321 E. HILLSBORO BLVD.
DEERFIELD BCH FL 33441

Mailing Address

321 E. HILLSBORO BLVD.
DEERFIELD BCH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0856318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STREET, BRIAN
321 E. HILLSBORO BLVD.
DEERFIELD BCH FL 33441

7. Name and Address of New Registered Agent

Name **TED STOTZER**

Street Address (P.O. Box Number is Not Acceptable)

321 E HILLSBORO BLVD

City

DEERFIELD BEACH

FL

Zip Code

33441

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	STREET, BRIAN
CITY - ST - ZIP	321 E HILLSBORO BLVD
	DEERFIELD BEACH FL 33441
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	COHEN, JAMES
CITY - ST - ZIP	321 E HILLSBORO BLVD
	DEERFIELD BEACH FL 33441
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	SCHOCKET, JEFFREY
CITY - ST - ZIP	321 E HILLSBORO BLVD
	DEERFIELD BEACH FL 33441
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-04 954-418-0208