

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36228

Entity Name: PASADENA ESTATES II HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 08, 2014
Secretary of State
CC3677327561**Current Principal Place of Business:**C/O AMERICAN MANAGEMENT GROUP
1806 N. FLAMINGO ROAD, SUITE 435
PEMBROKE PINES, FL 33028**Current Mailing Address:**C/O AMERICAN MANAGEMENT GROUP
1806 N. FLAMINGO ROAD, SUITE 435
PEMBROKE PINES, FL 33028 US**FEI Number:** 65-0250047**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, STEVEN RESQ
5599 S. UNIVERSITY DRIVE
303
DAVIE, FL 33328 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	RIZZO, JEFFREY
Address	C/O AMERICAN MANAGEMENT GROUP 1806 N. FLAMINGO ROAD, SUITE 435

City-State-Zip: PEMBROKE PINES FL 33028

Title	2VP
Name	SMITH, MELVIN
Address	C/O AMERICAN MANAGEMENT GROUP 1806 N. FLAMINGO ROAD, SUITE 435

City-State-Zip: PEMBROKE PINES FL 33028

Title	SECRETARY
Name	GILLILAND, BILL
Address	C/O AMERICAN MANAGEMENT GROUP 1806 N. FLAMINGO ROAD, SUITE 435

City-State-Zip: PEMBROKE PINES FL 33028

Title	DIRECTOR
Name	PETERSON, BOB
Address	C/O AMERICAN MANAGEMENT GROUP 1806 N. FLAMINGO ROAD, SUITE 435

City-State-Zip: PEMBROKE PINES FL 33028

Title	VP
Name	AVRAMS, PETER
Address	C/O AMERICAN MANAGEMENT GROUP 1806 N. FLAMINGO ROAD, SUITE 435

City-State-Zip: PEMBROKE PINES FL 33028

Title	TREASURER
Name	SOVERNS, RICKKI
Address	C/O AMERICAN MANAGEMENT GROUP 1806 N. FLAMINGO ROAD, SUITE 435

City-State-Zip: PEMBROKE PINES FL 33028

Title	D
Name	RODRIGUEZ, JULIE
Address	C/O AMERICAN MANAGEMENT GROUP 1806 N. FLAMINGO ROAD, SUITE 435

City-State-Zip: PEMBROKE PINES FL 33028

Title	DIRECTOR
Name	HASSELMAN, HOLLY
Address	C/O AMERICAN MANAGEMENT GROUP 1806 N. FLAMINGO ROAD, SUITE 435

City-State-Zip: PEMBROKE PINES FL 33028

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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: RIZZO , JEFFREY

PRESIDENT

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ROJAS, CLAUDIA
Address	C/O AMERICAN MANAGEMENT GROUP 1806 N. FLAMINGO ROAD, SUITE 435
City-State-Zip:	PEMBROKE PINES FL 33028