# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36228

Entity Name: PASADENA ESTATES II HOMEOWNERS ASSOCIATION, INC.

**FILED** Feb 24, 2015 Secretary of State CC3632266620

# **Current Principal Place of Business:**

C/O AMERICAN MANAGEMENT GROUP 9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024

#### **Current Mailing Address:**

C/O AMERICAN MANAGEMENT GROUP 9050 PINES BOULEVARD SUITE 480 PEMBROKE PINES, FL 33024 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name RODRIGUEZ, JULIE Name AVRAMS, PETER

Address C/O AMERICAN MANAGEMENT Address C/O AMERICAN MANAGEMENT

**GROUP GROUP** 

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip: PEMBROKE PINES FL 33024

Title 2VP Title **TREASURER** 

SMITH, MELVIN Name SOVERNS, RICKKI Name

C/O AMERICAN MANAGEMENT Address C/O AMERICAN MANAGEMENT Address

**GROUP GROUP** 

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip:

**DIRECTOR** Title **SECRETARY** Title

Name GILLILAND, BILL Name PETERSON, BOB

C/O AMERICAN MANAGEMENT C/O AMERICAN MANAGEMENT Address Address **GROUP** 

**GROUP** 

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

ROJAS, CLAUDIA Name HASSELMAN, HOLLY Name

Address C/O AMERICAN MANAGEMENT Address C/O AMERICAN MANAGEMENT

**GROUP GROUP** 

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

#### Continues on page 2

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.

02/24/2015 SIGNATURE: JULIE RODRIGUEZ **PRESIDENT** 

# Officer/Director Detail Continued:

Title DIRECTOR

Name RIZZO, JEFFREY

C/O AMERICAN MANAGEMENT GROUP 9050 PINES BOULEVARD SUITE 480 Address

City-State-Zip: PEMBROKE PINES FL 33024