

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36228

Entity Name: PASADENA ESTATES II HOMEOWNERS ASSOCIATION, INC.**FILED**
Jan 30, 2019
Secretary of State
0674342011CC**Current Principal Place of Business:**C/O ASSOCIATION SPECIALTY GROUP LLC
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024**Current Mailing Address:**C/O ASSOCIATION SPECIALTY GROUP LLC
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:**BOGEN, MICHAEL
THE BOGEN LAW GROUP,
7351 WILES RD. STE 202
CORAL SPRINGS, FL 33067 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:** BOGEN MICHAEL

01/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RODRIGUEZ, JULIE
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	VICE PRESIDENT
Name	AVRAM, PETER
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	TREASURER
Name	KUDJA, JOSE
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	SECRETARY
Name	RODRIGUEZ, TITO
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	DIRECTOR
Name	SIMMONS, LORENZO
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	DIRECTOR
Name	SMITH, MELVIN
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

Title	DIRECTOR
Name	GILLILAND, WILLIAM (BILL)
Address	C/O ASSOCIATION SPECIALTY GROUP LLC 9050 PINES BOULEVARD SUITE 480
City-State-Zip:	PEMBROKE PINES FL 33024

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: JULIE RODRIGUEZ

PRESIDENT

01/30/2019

