

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36228

**Entity Name:** PASADENA ESTATES II HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC1474959503****Current Principal Place of Business:**C/O AMERICAN MANAGEMENT GROUP  
1806 N. FLAMINGO ROAD, SUITE 410  
PEMBROKE PINES, FL 33028**Current Mailing Address:**C/O AMERICAN MANAGEMENT GROUP  
1806 N. FLAMINGO ROAD, SUITE 410  
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 1806 N FLAMINGO RD, SUITE 410  
City-State-Zip: PEMBROKE PINES FL 33028

Title VP  
Name AVRAMS, PETER  
Address 1806 N FLAMINGO RD, SUITE 410  
City-State-Zip: PEMBROKE PINES FL 33028

Title 2VP  
Name SMITH, MELVIN  
Address 1806 N. FLAMINGO RD, SUITE 410  
City-State-Zip: PEMBROKE PINES FL 33028

Title T  
Name SOVERN, RICKKI  
Address 1806 N FLAMINGO RD, SUITE 410  
City-State-Zip: PEMBROKE PINES FL 33028

Title S  
Name RUHL, DONNA  
Address 1806 N FLAMINGO RD, SUITE 410  
City-State-Zip: PEMBROKE PINES FL 33028

Title D  
Name RODRIGUEZ, JULIE  
Address 1806 N FLAMINGO RD, SUITE 410  
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR  
Name PETERSON, BOB  
Address C/O AMERICAN MANAGEMENT  
GROUP  
1806 N. FLAMINGO ROAD, SUITE 410

Title DIRECTOR  
Name HASSELMAN, HOLLY  
Address C/O AMERICAN MANAGEMENT  
GROUP  
1806 N. FLAMINGO ROAD, SUITE 410

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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:** JEFFREY RIZZO**PRESIDENT****04/25/2013**

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 410
City-State-Zip:	PEMBROKE PINES FL 33028