


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 768703 1. Entity Name COLLEGE PARK TOWERS II, INC.	
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Principal Place of Business 5200 EGGLESTON ORLANDO, FL 32810	Mailing Address 5200 EGGLESTON ORLANDO, FL 32810
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03132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2305463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAWFORD, RONALD W 1914 EDGEWATER DRIVE ORLANDO, FL 32804
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IN THIS SPACE

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 _____	(NOTE: Registered Agent signature required when reconstituting)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUNN, JUDY 1112 DRUID RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINVALE, CYNTHIA 1914 EDGEWATER DRIVE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILK, SHERRY 4352 PLAYER CIRCLE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYNE, FRED 1351 FRANKLIN ST ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBROOK, BILL 225 WEST SPRUCE ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, BEN 2918 CARROLL PL. ORLANDO, FL 32804

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U00000720812
05/01/07-80121-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: <i>Sherry Wilk</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-13-07 Date	941-795-2524 Daytime Phone #
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