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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01430 (0)

1. Corporation Name

ISLAND PARK WOODS, UNIT II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
Dagmar Sullivan
~~C/O PALM STATE MANAGEMENT~~
~~6385 PRESIDENTIAL CT. #101~~
~~FT. MYERS FL 33919~~

Mailing Address
Dagmar Sullivan
~~C/O PALM STATE MANAGEMENT~~
~~6385 PRESIDENTIAL CT. #101~~
~~FT. MYERS FL 33919-8506~~

3. Date Incorporated or Qualified: 02/14/1984
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business
21: 6158 LakeShore Dr.
22: Suite, Apt. #, etc.
23: City & State: Fort Myers, FL
24: Zip: 33908
25: Country: USA

2a. Mailing Address
26: 6158 LakeShore Dr.
27: Suite, Apt. #, etc.
28: City & State: Fort Myers, FL
29: Zip: 33908
30: Country: USA

4. FEI Number: 59-2779005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COPELAND, GREG
C/O PALM STATE MANAGEMENT
6385 PRESIDENTIAL CT. #101
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: Sullivan, Dagmar
82 Street Address (P.O. Box Number is Not Acceptable): 6158 LakeShore Drive
83:
84 City: Fort Myers FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: DAGMAR SULLIVAN Dagmar Sullivan DATE: 3/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, VAN 8942 AUSTIN AVE FT. MYERS FL 33907	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARD, MARTHA 114 S.W. 58TH ST CAPE CORAL FL 33914	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, DAGMAR 6158 LAKESHORE DR. FT. MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dagmar Sullivan DAGMAR SULLIVAN 3/24/97 432-0979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055630