

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N01430	
1. Entity Name ISLAND PARK WOODS, UNIT II CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 13730 CYPRESS TERRACE CIRCLE #402 FORT MYERS, FL 33907 US	Mailing Address 13730 CYPRESS TERRACE CIRCLE #402 FORT MYERS, FL 33907 US



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2779005	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, VAN
13730 CYPRESS TERRACE CIRCLE #402
FORT MYERS, FL 33907

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000779870
01/11/08-80054-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, VAN
STREET ADDRESS	6941 HONEYCUMB LANE
CITY-ST-ZIP	FORT MYERS, FL 33966
TITLE	D
NAME	SULLIVAN, DAGMAR
STREET ADDRESS	6158 LAKE FRONT DR
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	D
NAME	MORRIS, MARGARET
STREET ADDRESS	6134 LAKE FRONT DR.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	CAMPEAU, KIM M
STREET ADDRESS	6152 LAKE FRONT DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08

800-384-4225