2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N01430

Entity Name: ISLAND PARK WOODS, UNIT II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13730 CYPRESS TERRACE CIRCLE
#402
FORT MYERS, FL 33907 US

New Principal Place of Business:

6158 LAKE FRONT DRIVE
FORT MYERS, FL 33908 US

Current Mailing Address:

13730 CYPRESS TERRACE CIRCLE
#402
FORT MYERS, FL 33907 US

New Mailing Address:

6158 LAKE FRONT DRIVE
FORT MYERS, FL 33908 US

FEI Number: 59-2779005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SULLIVAN, DAGMAR
6158 LAKE FRONT DRIVE
FORT MYERS, FL 33908 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: DAGMAR SULLIVAN 02/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DAVIS, VAN
Address: 6941 HONEYCUMB LANE
City-St-Zip: FORT MYERS, FL 33966

Title: D ( ) Delete
Name: SULLIVAN, DAGMAR
Address: 6158 LAKE FRONT DR
City-St-Zip: FT. MYERS, FL 33908 US

Title: D ( ) Delete
Name: MORRIS, MARGARET
Address: 6134 LAKE FRONT DR.
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: CAMPEAU, KIM M
Address: 6152 LAKE FRONT DR
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DAVIS, VAN
Address: 13730 CYPRESS TERRACE CIRCLE
City-St-Zip: FORT MYERS, FL 33907 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAGMAR SULLIVAN D 02/02/2009
Electronic Signature of Signing Officer or Director Date