


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N03Q00010307

1. Entity Name
 SOUTH FORK OF HILLSBOROUGH COUNTY II HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: 2502 N ROCKY POINT DR, STE 1050 TAMPA, FL 33607

Mailing Address: 2502 N ROCKY POINT DR, STE 1050 TAMPA, FL 33607

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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 20-1137598 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STROHAUER, GARY N ESQ
 1150 CLEVELAND ST, STE 300
 CLEARWATER, FL 33755

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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 reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RYAN, JOHN M
STREET ADDRESS	2502 N ROCKY POINT DR, STE 1050
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	DS
NAME	LAWSON, MICHAEL
STREET ADDRESS	2502 N ROCKY POINT DR, STE 1050
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	DT
NAME	CLANTON, ROBERT
STREET ADDRESS	2502 N ROCKY POINT DR, STE 1050
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 2/8/05 Daytime Phone #: 813-288-8078