



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90033 033 ****61.25

DOCUMENT # N03000010307					
1. Entity Name SOUTH FORK OF HILLSBOROUGH COUNTY II HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33618		Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618		<p style="font-size: 24pt; font-weight: bold;">40044547</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-1137598	
				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				7. Name and Address of New Registered Agent	
DE FURIO, JAMES R 201 E. KENNEDY BLVD SUITE 775 TAMPA, FL 33602				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SP	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAGORSKI, SUSAN		NAME	Dorman, Timothy	
STREET ADDRESS	10904 GOLDEN SILENCE DR.		STREET ADDRESS	10703 Rockledge View	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOZZUTO, NICK		NAME	Chupka, Chad	
STREET ADDRESS	11222 SUMMER STAR DR.		STREET ADDRESS	10714 Rockledge View	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VASSER LAMONS, JOAN		NAME	Smith, Tony	
STREET ADDRESS	10901 AUSTRALIAN PINE		STREET ADDRESS	13522 Mango Bay	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASKERT, HEATHER		NAME		
STREET ADDRESS	11121 SUMMER STAR DR.		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESCH, BRANDON		NAME		
STREET ADDRESS	11175 GOLDEN SILENCE DR.		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGIERO, ANTHONY		NAME		
STREET ADDRESS	13709 TRINITY LEAF PLACE		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP		
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 lines empowered.					
SIGNATURE: _____			Date: 3/6/08		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					