

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003288

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLORIDIAN ISLES II AT WATERSTONE II TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13055 SW 42ND ST
MIAMI, FL 33175

New Principal Place of Business:

C/O THE CONTINENTAL GROUP
11981 SW 144 COURT
MIAMI, FL 33186

Current Mailing Address:

730 NW 107 AVE 4TH FLOOR
MIAMI, FL 33172

New Mailing Address:

C/O THE CONTINENTAL GROUP
11981 SW 144 COURT
MIAMI, FL 33186

FEI Number: 20-2632372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PATRICIA KIMBALL FLETCHER, P.A.
200 S BISCAYNE BLVD SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: LISA LERNER

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HENDERSON, MERCEDES
Address: 730 NW 107 AVE 4TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: DV () Delete
Name: MCPHERSON, GREG
Address: 730 NW 107 AVE 4TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: DST () Delete
Name: AVILA, MIGUEL
Address: 730 NW 107 AVE 4TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FITZGERALD, LUANNE
Address: 1089 NE 42 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: VP (X) Change () Addition
Name: COTO, MARIA
Address: 4191 NE 9 STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: T (X) Change () Addition
Name: PEREZ, ANGELA
Address: 968 NE 42 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: S () Change (X) Addition
Name: NICKS, TROY
Address: 1070 NE 42 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

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: LUANNE FITZGERALD

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date