

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2009
Secretary of State**

DOCUMENT# N05000003288

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: REINHARD, KIMBERLY
Address: 1009 NE 42 AVE
City-St-Zip: HOMESTEAD, FL 33033

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: KIMBERLY REINHARD

VP

02/06/2009

Electronic Signature of Signing Officer or Director

Date