

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48195

FILED  
Mar 23, 2005  
Secretary of State

Entity Name: FIRST IMPRESSION II LAKE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5630 S W 58 COURT  
DAVIE, FL 33314

**New Principal Place of Business:**

5531 SW 58 COURT  
DAVIE, FL 33314

**Current Mailing Address:**

P.O. BOX 292906  
DAVIE, FL 333292906

**New Mailing Address:**

FEI Number: 65-0347751      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BYRD, CATHERINE  
5630 SW 58 COURT  
DAVIE, FL 33314      US

**Name and Address of New Registered Agent:**

KINIRY, SHIELA  
5531 SW 58 COURT  
DAVIE, FL 33314      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: SHIELA KINIRY

03/23/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS      ( ) Delete  
Name: MOORE, DEBBIE  
Address: 5602 SW 52 PLACE  
City-St-Zip: DAVIE, FL 33314

Title: DVP      ( ) Delete  
Name: COLAIACOVO, RAY  
Address: 5641 SW 58 CT  
City-St-Zip: DAVIE, FL 33314

Title: DP      ( ) Delete  
Name: SUAREZ, VICTOR  
Address: 5701 SW 58 CT  
City-St-Zip: DAVIE, FL 33314

Title: DT      ( ) Delete  
Name: KINIRY, SHIELA  
Address: 5531 SW 58 COURT  
City-St-Zip: DAVIE, FL 33314

Title: D      ( ) Delete  
Name: FALLAR, CHERIE  
Address: 5801 SW 55 AVENUE  
City-St-Zip: DAVIE, FL 33314

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DP      (X) Change ( ) Addition  
Name: COLAIACOVO, RAY  
Address: 5641 SW 58 CT  
City-St-Zip: DAVIE, FL 33314

Title: D      (X) Change ( ) Addition  
Name: MADDOX, DON  
Address: 5847 SW 57 WAY  
City-St-Zip: DAVIE, FL 33314

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

Title: DVP      (X) Change ( ) Addition  
Name: FALLAR, CHERIE  
Address: 5801 SW 55 AVENUE  
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHIELA KINIRY

DS

03/23/2005

Electronic Signature of Signing Officer or Director

Date