

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2006
Secretary of State**

DOCUMENT# N48195

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

Current Principal Place of Business:

5531 SW 58 COURT
DAVIE, FL 33314

New Principal Place of Business:

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:

KINIRY, SHIELA
5531 SW 58 COURT
DAVIE, FL 33314 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: DS () Delete
Name: MOORE, DEBBIE
Address: 5602 SW 52 PLACE
City-St-Zip: DAVIE, FL 33314

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

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

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

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

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

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 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: SHIELA KINIRY

Electronic Signature of Signing Officer or Director

DT

01/17/2006

Date