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Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001057 (5)

1. Corporation Name

ISLAND CROSSINGS II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
555 WINDERLEY PLACE, SUITE 420 555 WINDERLEY PLACE, SUITE 420
MAITLAND FL 32751 MAITLAND FL 32751

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

59-3437857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSHNELL, DEVON
555 WINDERLEY PLACE, SUITE 420
MAITLAND FL 32751

81 Name Richard Wrenn
82 Street Address (P.O. Box Number is Not Acceptable) All Around Condo
83 406 Avenue B
84 City Melbourne Beach FL 85 Zip Code 32951

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

Richard Wrenn

4/15/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D
NAME	RUSHNELL, DEVON
STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D
NAME	CUPP, CHRISTIN
STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D
NAME	PARATORE, LOU
STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	Deyloff, Misty
3.3 STREET ADDRESS	555 Winderley Place, Suite 420
3.4 CITY-ST-ZIP	Maitland, FL 32751
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *[Signature]*

4/15/98 (407) 628-1313

CR2E037 (1097)