

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90068 037 \*\*\*\*61.25

**DOCUMENT # N97000001057**

1. Corporation Name

**ISLAND CROSSINGS II HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**555 WINDERLEY PLACE, SUITE 420  
MAITLAND FL 32751**

Mailing Address

**PO BOX 510094  
MELBOURNE BCH FL 32951**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

**WRENN, RICHARD  
ALL AROUND CONDO  
406 AVENUE B  
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/99**

12. OFFICERS AND DIRECTORS

TITLE **DV** ☒ DELETE  
NAME **RUSHNELL, DEVON**  
STREET ADDRESS **555 WINDERLEY PLACE, SUITE 420**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DST** ☒ DELETE  
NAME **IRELAND, MARY ELLEN**  
STREET ADDRESS **555 WINDERLEY PLACE, SUITE 420**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DP** ☐ DELETE  
NAME **O'SULLIVAN, CHARLES**  
STREET ADDRESS **555 WINDERLEY PLACE, SUITE 420**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **DST COMER, HEATHER**  
2.3 STREET ADDRESS **555 WINDERLEY PLACE, Suite 420**  
2.4 CITY-ST-ZIP **MAITLAND FL 32751**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE: **Richard Wrenn** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/99 (407) 777-5552**  
Date Daytime Phone #

CR2E037 (11/98)