

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001057

FILED
Apr 12, 2006
Secretary of State

Entity Name: ISLAND CROSSINGS II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3437857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434
STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: KISH, JON
Address: 1265 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD () Delete
Name: CLEARY, ROBERT
Address: 1209 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: TURKOWSKI, EDWARD
Address: 1204 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: BOETCHER, JASON
Address: 1262 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: MAY, ELIZABETH
Address: 1240 GRAND CAYMAN DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: KOSA, LASZLO
Address: 1196 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TURKOWSKI, EDWARD
Address: 1204 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD (X) Change () Addition
Name: LOFTIN, SUE
Address: 1259 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD (X) Change () Addition
Name: IRVIN, JAMIE
Address: 1254 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD (X) Change () Addition
Name: KISH, JON
Address: 1265 POTOMAC DR
City-St-Zip: MERRITT ISLAND, FL 32952

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: EDWARD TURKOWSKI

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date