

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061848

FILED
Feb 19, 2009
Secretary of State

Entity Name: ISLAND HOSPITALITY MANAGEMENT II, INC.

Current Principal Place of Business:

50 COCOANUT ROW
STE. 200
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

50 COCOANUT ROW
STE. 200
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 26-0250198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: FISHER, JEFFREY H PRES
Address: 255 CLARKE AV
City-St-Zip: PALM BEACH, FL 33480

Title: MR () Delete
Name: POLLAK, ROGER A SECTRES
Address: 3712 CYPRESS LAKE DR
City-St-Zip: LAKE WORTH, FL 33467

Title: MR () Delete
Name: WALDT, JEFFREY VP
Address: 4241 WELLINGTON SHORES DR
City-St-Zip: WELLINGTON, FL 33467

Title: MR () Delete
Name: COHEN, PHILLIP M ASSTSEC
Address: 1726 ANNANDALE CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MRS () Delete
Name: BACHMAN, BARBARA A VPCONTR
Address: 4127 CEDAR AV
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BACHMAN

VP

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date