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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 707258

1. Corporation Name

ISLES COLONY CONDOMINIUM APTS NO. II, INC.

Principal Place of Business

1700 JAMAICA WAY
PUNTA GORDA FL 33950

Mailing Address

P.O. BOX 510463
PUNTA GORDA FL 33950



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/07/1964

4. FEI Number

59-1566896

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

MEREDITH, DEBRA K
STAR HOSPITALITY MANAGEMENT, INC.
3160 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAHAM, WILLIAM
STREET ADDRESS 500 BAL HARBOR BLVD.
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ DELETE

TITLE D
NAME MILLER, DAVID
STREET ADDRESS 626 BONITA COURT
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ DELETE

TITLE TD
NAME STEIHL, CARL
STREET ADDRESS 2030 JAMAICA WAY
CITY-ST-ZIP PUNTA GORDA FL 33950 ☒ DELETE

TITLE SD
NAME BLISS, BONNIE
STREET ADDRESS 7611 SUNSET BLVD
CITY-ST-ZIP WOODVILLE NY 12640-2062 ☒ DELETE

TITLE D
NAME FISHER, MERLE
STREET ADDRESS ROUTE 2, BOX 395
CITY-ST-ZIP HARPERS FERRY WV 25425 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Julie Donnelly ☐ Change ☒ Addition
1.2 NAME 1700 Jamaica Way #109
1.3 STREET ADDRESS Punta Gorda FL 33950
1.4 CITY-ST-ZIP

2.1 TITLE P. Lillard ☐ Change ☒ Addition
2.2 NAME 1700 Jamaica Way #112
2.3 STREET ADDRESS Punta Gorda FL 33955
2.4 CITY-ST-ZIP

3.1 TITLE STD Mike Maisello ☐ Change ☒ Addition
3.2 NAME P.O. Box 2682
3.3 STREET ADDRESS Duxbury mass 02331
3.4 CITY-ST-ZIP

4.1 TITLE Joe Calderone ☐ Change ☒ Addition
4.2 NAME 8129 Wheeler Dr.
4.3 STREET ADDRESS Orlando Park, FL 32822
4.4 CITY-ST-ZIP

5.1 TITLE D Anne Corvey ☐ Change ☒ Addition
5.2 NAME 1700 Jamaica way #110
5.3 STREET ADDRESS Punta Gorda FL 33950
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/99

CR2E037 (11/98)