

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90153 026 ****61.25

DOCUMENT # 707258

1. Entity 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

50012316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1566896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAR HOSPITALITY MGMT
6025 TAYLOR RD. # 1
PUNTA GORDA, FL 33950

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RENDA, LEN	
STREET ADDRESS	1700 JAMAICA WAY, #112	
CITY - ST - ZIP	PUNTA GORDA, FL 33951	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	1700 JAMAICA WAY, #110	
CITY - ST - ZIP	PUNTA GORDA, FL 33951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, PATRICK	
STREET ADDRESS	1650 W HOLLOW AVE # 121	
CITY - ST - ZIP	PUNTA GORDA, FL 33950	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LORD, GEORGE	
STREET ADDRESS	1700 JAMAICA WAY, #101	
CITY - ST - ZIP	PUNTA GORDA, FL 33951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STIEHL, CARL	
STREET ADDRESS	1700 JAMAICA WAY, #106	
CITY - ST - ZIP	PUNTA GORDA, FL 33951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Arthur	
STREET ADDRESS	1318 Casey Dr	
CITY - ST - ZIP	Punta Gorda FL 33950	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwin Morgan	
STREET ADDRESS	2403 Lakeshore Cir	
CITY - ST - ZIP	Port Charlotte FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Clark	
STREET ADDRESS	P.O. Box 511323	
CITY - ST - ZIP	Punta Gorda FL 33951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edwin C Morgan

4/5/06

(941)625-4742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #