2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #729585

1. Entity Name



FILED Mar 31, 2008 8:00 am Secretary of State 03-07-2008 90040 015 ****61.25

| | SE MANOR SOUTH NO. II ATION, INC. | CONDOMINIUM | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|--|--|--|
| Principal Place of Business P.O. BOX 354 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33970-0354 | | | | | | | | | | | |
| 2. Principal P | flace of Business - No P.O. Box # | 3. Mailing Address | | THE REPORT OF THE PARTY OF THE | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 03272008 Chg-NP CR2E037 (12/06) | | | | | | | |
| City & State | | City & State | | 4. FEI Number | | | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired See Required | | | | | | | |
| | 6. Name and Address of Current | t Registered Agent | | 7. Name and Address of New Registered Agent | | | | | | | |
| 1400 HOM | LIOTT, FRED ON HOMESTEAD ROAD NORTH HIGH ACRES, FL 33936 City City | | | | | | | | | | |
| | | | <u> </u> | enigh Heros FL 32926 | | | | | | | |
| | | or the purpose of changing its r | egistered office or reg | gistered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | | | |
| | () | | Againg Address 20. BOX 354 Wailing Address Suife, App. #, etc. O3272008 Chg.NP CR2E037 (12/06) City & State A FEI Number S9-1574148 Norman Applied For Not Applied For | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable (NOTE: | Panistared Aneni signshire is | | | | | | | | |
| | 'Signature, typed or printed name or registered ager | P.O. BOX 354 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES, FL 33970-0354 3. Maining Address Suite, Apt. #, etc. O3272008 Chg-NP CR2637 (12/06) 4. FEI Number 59-1574148 Zip Country S. Certificate of Status Desired | | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | | | 40100 Indy 50 | | | | | | | |
| 10. | OFFICERS AND D | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | |
| TITLE | PD SEC | Delete | | ☐ Change ☐ Addition | | | | | | | |
| name Street adoress | ELLIOTT, FRED SEC 1400 HOMESTEAD RD N | | 1 | | | | | | | | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33936 | | | | | | | | | | |
| TITLE | TD | ☐ Delete | TITLE S | secretar, Director Schange Addition | | | | | | | |
| NAME STREET ADDRESS | LEVINE, RICHARD TREA | | NAME ' | Richard Louine | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 853 PORTER STREET LEHIGH ACRES, FL 33936 | | | | | | | | | | |
| TITLE | SD | Delete | | DThonas D Addition | | | | | | | |
| NAME | POPE, JOHN | | | 11 4 210 28 1 1 1214 60400 - | | | | | | | |
| STREET ADDRESS | 1149 S. LOOP BLVD | | STREET ADDRESS | 1149 S. Louip Blod | | | | | | | |
| City-St-ZIP | LEHIGH ACRES, FL 33936 | | 1 | Channe Addition | | | | | | | |
| TITLE NAME | | L.J Delete | | 1 1 20121 121, 60 401 | | | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | 285 Homester 1 Rd S. | | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | vehigh Heros EL 33136 | | | | | | | |
| TITLE | | Delete | | Change Addition | | | | | | | |
| NAME Street address | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition | | | | | | | |
| NAME | | | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | , | | | | | | | | | | |
| 12. I hereby of indicated of the cor | on this report or supplemental report | is true and accurate and that me powered to execute this report a | the exemptions conta v signature shall have | the same legal effect as if made under oath; that I am an officer or director | | | | | | | |

SIGNATURE: 🖎

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-368-2190 Degrine Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) 3/7/2008-90040-015-\$61.25-\$61.25

| DOCUMENT # 729585 1. Entity Name HERITAGE MANOR SOUTH NO. II CONDOMINIUM ASSOCIATION, INC. | | | | | ATTACHMENT | | | | | |
|---|--|---|----------------------|------------------------------|----------------------------------|---------------------------------------|-------------|-----------------------------------|-------------|--|
| Principal Plac | e of Business | Mailing Address | | | - | | | | • | |
| P.O. BOX 35 1400 HOME! LEHIGH ACE | 54 STEAD ROAD NORTH RES FL 33970-0354 | P.O. BOX 354 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES FL 33970-0354 | | | | 660055 | 514 | , | | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | • | | ,,, | - | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 1st M | OORE CR25 | E037 (10 |)/07) | | |
| City & State | • | City & State | | | 4. FEI Number | 59-1574146 Applied For Not Applicable | | | | |
| Zip Country | | Z _I p Co | | untry | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| | 8. Name and Address of Current | Registered Agent | | | 7. Name and Ad | dress of New Registe | | ŧ | | |
| | ATT EDEN | | | Name | | | | | | |
| ELLIOTT, FRED 1400 HOMESTEAD ROAD NORTH LEHIGH ACRES FL 33936 | | | | Street Address (| P.O. Box Number is | Not Acceptable) | | | | |
| | | | | City | | | FL 2 | Zip Code | | |
| 6. The above the obligation | | 1 | _ | | | | | ar with, | and accept | |
| · · | Signature, typon or provident and of registered agent | and the lincorcabe. (NGTE | : Herpala v | tri Agent aignasura rahisrad | 1 when reinstating) | C | ATE | | | |
| | FILE NOW FEE IS S61.25 Due By May 1, 2008 2 | 9. Election Cam Trust Fund C | | | \$5.00 May 8e Added to Fees | Make Cl Florida De | partme | nt of S | | |
| 10. | OFFICERS AND DI | RECTORS | 11, | | ADDITIONS/CHANG | SES TO OFFICERS AN | | | 10 | |
| HAME STREET ADDRESS CITY-S1-ZIP | PD ELLIOTT, FRED SEC 1400 HOMESTEAD RD N LEHIGH ACRES FL 33936 | ☐ Delste | | 6 | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LEVINE, RICHARD TREA 853 PORTER STREET LEHIGH ACRES FL 33936 | ☐ Delate | | - P | | | | Change | Addition | |
| TATLE NAME STREET ADDRESS | SD POPE, JOHN 1149 S. LOOP BLVD | L' Delete | TITU Nam Stre | E E EFT ADDRESS | | | | Change | Addition . | |
| CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP | LEHIGH ACRES FL 33936 ~ | Oelete | TITU NAM STR | · . | | | , 🗆 | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delate | IITU NAW SIRI | | | | 0 | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Defets | | | | | | Change | Addition | |
| indicated of the cor it change | certify that the information supplied wi on this report or supplemental report in poration or the receiver or trustee emitd, or on an attachment with an address | s true and accurate and that mo powered to execute this report | ny sigma I as req | ture snall have the: | same legal effect as | if made under oath; th | ızıl lamiar | officer | or director | |
| SIGNAT | SHOWATURE AND TYPED OF | PRINTED NAME OF EXCHING OFFICER O | DA DIREC | 10A | | Date | Daytme | Frans # | | |
| | | De Otta | d | d le | lions | ۶ - | | | | |