2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90200 017 ****61.25

DOCUMENT # 739414

1. Entity Name
CORAL DEL RIO II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4104 S.E. 18TH AVENUE CAPE CORAL, FL 33904	% ERA-HERITAGE REALTY, INC. 4226 DEL PRADO BLVD. CAPE CORAL, FL 33904 US

03142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
AMERICAN CONDO MANAGEMENT, INC	c/o AMERICAN CONDO MANAGEMENT, INC
Suite, Apt. #, etc.: 909 SE 47th Terr, Ste 105	Suite, Apt. #, etc.: P.O. Box 100399
City & State: CAPE CORAL, FL.	City & State: CAPE CORAL, FL.
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. FEI Number 59-1743368 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE, LLAMARIE
4226 DEL PRADO BLVD
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name: SUSAN KASE
Street Address (P.O. Box Number is Not Acceptable): 909 SE 47th Terr.
Suite #105
City: CAPE CORAL FL Zip Code: 33904

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: Susan Kase 4/25/05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, ROBERT 1732 SE 40TH TERR CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Barbara Dowell 4104 SE 18th Ave - 1A CAPE CORAL, FL 33904 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS TOWNSHEND, CAROLYN 4104 SE 18TH AVE CAPE CORAL, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAROLYN Townshend ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP O'BRIEN, EUGENE 4104 SE 18TH AVE CAPE CORAL, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Bill Below 4104 SE 18th Ave, 2A CAPE CORAL, FL 33904 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TROMETER, AUGUST 4104 SE 18TH AVENUE # 1D CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALLACE Feather 1807 SE 41st ST, 2I CAPE CORAL, FL 33904 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JAMES 1807 SE 40TH TERR CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Anderson, James ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: WALLACE Feather 4/25/05 239.542.4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #