2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#744356

FILED Mar 19, 2007 Secretary of State

Entity Name: INDIAN LAKE VILLAGE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O GOLD PROPERTY MANAGEMENT & ASSOCS. 275 FOUNTAINBLEU BLVD. SUITE 151 MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** C/O GOLD PROPERTY MANAGEMENT & ASSOCS. 275 FOUNTAINBLEU BLVD. SUITE 151 MIAMI, FL 33172 FEI Number: 59-1938580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, ELIANA GOLD PROPERTY MANAGEMENT & ASSOCIATES, INC C/O EXCÉL MGMT 275 FONTAINEBLEAU BLVD 2510 NW 97 AVE STE 200 MIAMI, FL 33172 US MIAMI, FL 33172 US 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: LIDA MOSCOSO 03/19/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PANDO, ADA Name: Name: 10060 NW 9 ST. CIRCLE #8 Address: Address: City-St-Zip: MIAMI, FL 33172 US City-St-Zip: Title: Title: () Delete () Change () Addition PADILLA, ORLANDO Name: Name: Address: 10060 NW 9ST, CIRCLE #8 Address: City-St-Zip: MIAMI, FL 33172 US City-St-Zip: Title: () Delete Title: () Change () Addition AVILA, LUISA Name: Name: 9990 NW 9TH ST CIRCLE # 104 Address: Address: City-St-Zip: MIAMI, FL 33172 US City-St-Zip: () Delete Title: TD Title: () Change () Addition Name: PLESCENIA, HILDELISA Name: 10060 NW 9TH STREET CIRCLE,, # 13 Address: Address: City-St-Zip: MIAMI, FL 33172 US City-St-Zip: Title: () Delete Title: () Change () Addition ROJAS, MARIA Name: Name: 10000 NW 9TH ST. CIRCLE # 9 Address: Address: MIAMI, FL 33172 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADA PANDO P 03/19/2007