

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 12, 2009
Secretary of State

DOCUMENT# 747379

Entity Name: ALTAMONTE VILLAGE II CONDOMINIUM, INC.**Current Principal Place of Business:**500 SAN SEBASTIAN CT E
ALTAMONTE SPRINGS, FL 32724 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 150312
ALTAMONTE SPRINGS, FL 327150312 US**New Mailing Address:****FEI Number:** 59-2017855**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ATKINS, TIMON H
107 E COTTESMORE CIRCLE
LONGWOOD, FL 327795602 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: GERBER, BETH
Address: 170 LAKE DESTINY TRL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD () Delete
Name: SAGRISTA, MICHAEL
Address: 404 SAN SEBASTIAN COURT EAST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete
Name: PLATIN, GERMAN
Address: 405 SAN SEBASTIAN COURT EAST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD () Delete
Name: SHAFFER, WANDA
Address: 9012 CHAPMAN OAK CT.
City-St-Zip: WINDERMERE, FL 34786 US

Title: D () Delete
Name: MARTIN, JOHN
Address: 510 SAN SEBASTIAN CT E
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SAGRISTA, MICHAEL
Address: 404 SAN SEBASTIAN COURT EAST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VTD (X) Change () Addition
Name: PLATIN, GERMAN
Address: 406 SAN SEBASTIAN COURT EAST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIMON H. ATKINS

AGEN

05/12/2009

Electronic Signature of Signing Officer or Director

Date