

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90095 037 ****61.25

DOCUMENT # 752789

1. Entity Name

ISLAMORADA SOUTH CONDOMINIUM ASSOCIATION NO.
II, INC.



Principal Place of Business

119 CORTEZ DR
ISLAMORADA FL 33036
US

Mailing Address

119 CORTEZ DR
#110A
ISLAMORADA FL 33036
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)



4. FEI Number

59-2164033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUFF, GRETCHEN
119 CORTEZ DR
#112B
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name **JACK SNYDER**

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

119 CORTEZ DR #110A

City **ISLAMORADA**

FL

Zip Code
33036

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

Jack Snyder

JACK SNYDER

4/8/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUFF, GRETCHEN	
STREET ADDRESS	119 CORTEZ DR #112B	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, JACK	
STREET ADDRESS	119 CORTEZ DR. #110A	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORLOCK, GAIL	
STREET ADDRESS	119 CORTEZ DR #120A	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWBERG, JOHN	
STREET ADDRESS	119 CORTEZ DR #114A	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	ID	<input type="checkbox"/> Delete
NAME	HAINES, ELAINE	
STREET ADDRESS	4310 DIAMOND WAY	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Snyder	
STREET ADDRESS	119 Cortez Dr #110A	
CITY-ST-ZIP	ISLAMORADA, FL 33036	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gretchen Luff	
STREET ADDRESS	119 Cortez Dr. #112B	
CITY-ST-ZIP	ISLAMORADA FL 33036	
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		
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 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:

Jack Snyder **JACK SNYDER** **4/8/05** **305 664-5875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #