


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90185 005 ****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 Suite, Apt. #, etc.		3. Mailing Address 119 Cortez Dr. Suite, Apt. #, etc. # 116B			
City & State		City & State		4. FEI Number 59-2164033	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, JACK 119 CORTEZ DR #110A ISLAMORADA FL 33036				7. Name and Address of New Registered Agent Name Elaine Haines Street Address (P.O. Box Number is Not Acceptable) 116B Cortez Dr. 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 <u>Elaine Haines</u> DATE <u>3/1/06</u> <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <u>Secretary</u> <input type="checkbox"/> Delete NAME LUFF, GRETCHEN STREET ADDRESS 119 CORTEZ DR #112B CITY-ST-ZIP ISLAMORADA FL	TITLE <u>Secretary</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <u>P</u> <input checked="" type="checkbox"/> Delete NAME SNYDER, JACK STREET ADDRESS 119 CORTEZ DR. #110A CITY-ST-ZIP ISLAMORADA FL 33036	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <u>President</u> <input type="checkbox"/> Delete NAME HORLOCK, GAIL STREET ADDRESS 119 CORTEZ DR #120A CITY-ST-ZIP ISLAMORADA FL 33036	TITLE <u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <u>D</u> <input checked="" type="checkbox"/> Delete NAME NEWBERG, JOHN STREET ADDRESS 119 CORTEZ DR #114A CITY-ST-ZIP ISLAMORADA FL 33036	TITLE <u>Vice President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Bill Snyder STREET ADDRESS 114B Cortez Dr CITY-ST-ZIP Islamorada fl 33036				
TITLE <u>TD</u> <input type="checkbox"/> Delete NAME HAINES, ELAINE STREET ADDRESS 4310 DIAMOND WAY CITY-ST-ZIP WESTON FL 33331	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <u>Director</u> <input type="checkbox"/> Delete NAME Margaret Franks STREET ADDRESS 116A Cortez Dr CITY-ST-ZIP Islamorada fl 33036	TITLE <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Section 119, 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: <u>Elaine Haines</u> <u>3/1/06</u> <u>954-849-3428</u>					