

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752789

FILED
Apr 20, 2007
Secretary of State

Entity Name: ISLAMORADA SOUTH CONDOMINIUM ASSOCIATION NO. II, INC.

Current Principal Place of Business:

119 CORTEZ DR
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

119 CORTEZ DR
#116 B
ISLAMORADA, FL 33036 US

New Mailing Address:

FEI Number: 59-2164033 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAINES, ELAINE
119 CORTEZ DR
#116B
ISLAMORADA, FL 33036 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: S (X) Delete
Name: LUFF, GRETCHEN
Address: 119 CORTEZ DR #112B
City-St-Zip: ISLAMORADA, FL

Title: P () Delete
Name: HORLOCK, GAIL
Address: 119 CORTEZ DR #120A
City-St-Zip: ISLAMORADA, FL 33036

Title: V (X) Delete
Name: SNYDER, BILL
Address: 1148 CORTEZ DR
City-St-Zip: ISLAMORADA, FL 33036

Title: TD () Delete
Name: HAINES, ELAINE
Address: 4310 DIAMOND WAY
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: FRANKS, MARGARET
Address: 116A CORTEZ DR
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: DACEY, FRANK
Address: 112A CORTEZ DR
City-St-Zip: ISLAMORADA, FL 33036

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

Title: T (X) Change () Addition
Name: HAINES, ELAINE
Address: 116B CORTEZ DR.
City-St-Zip: ISLAMORADA, FL 33036

Title: S (X) Change () Addition
Name: FRANKS, MARGARET
Address: 116A CORTEZ DR
City-St-Zip: ISLAMORADA, FL 33036

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: ELAINE HAINES

T

04/20/2007

Electronic Signature of Signing Officer or Director

Date