

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754421

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** INDIAN SUMMER VILLAGE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PMSC  
8299 CORAL WAY  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PMSC  
8299 CORAL WAY  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 59-2436937      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT SERVICES CORPORATION  
8299 CORAL WAY  
MIAMI, FL 33155 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: PD ( ) Delete  
Name: DOMINGUEZ, SOL  
Address: 545 W PARK DRIVE #7  
City-St-Zip: MIAMI, FL 33172

Title: SD ( ) Delete  
Name: GARCIA, ROSA MARIA  
Address: 525 W PARK DRIVE # 202  
City-St-Zip: MIAMI, FL 33172

Title: TD ( ) Delete  
Name: HUGO, MARIN  
Address: 545 W PARK DRIVE #12  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: RODRIGUEZ, CARLOS  
Address: 8299 CORAL WAY  
City-St-Zip: MIAMI, FL 33152

Title: D ( ) Delete  
Name: FERNANDEZ, VICTORIA  
Address: 515 PARK RD #5  
City-St-Zip: MIAMI, FL 33152

Title: D ( ) Delete  
Name: MOVCAE, ARMANDO  
Address: 515 W PARK DR, # 105  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: SOL DOMINGUEZ

PD

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date