


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90037 042 \*\*\*\*61.25

<b>DOCUMENT # 757258</b>	
1. Entity Name OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. II, INC.	

Principal Place of Business 100 OCEAN TRAIL WAY JUPITER, FL 33477	Mailing Address 100 OCEAN TRAIL WAY #100 JUPITER, FL 33477 US
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2098366</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BRISTOL MANAGEMENT  
 100 OCEAN TRAIL WAY  
 JUPITER, FL 33477

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVY, RICHARD 100 OCEAN TRAIL WAY #302 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERBST, RICHARD 100 OCEAN TR WAY JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEEDHAM, JIM 100 OCEAN TRAIL WAY #508 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUELLER, CARL 100 OCEAN TRAIL WAY JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JOHN 100 OCEAN TRAIL WAY #1302 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKINS, JOHN 100 OCEAN TRAIL WAY #1404 JUPITER, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **RICHARD HERBST** 1-9-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #