


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 757591</b> 1. Entity Name WTL II HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2906 WHITTINGTON PLACE TAMPA, FL 33618 US	Mailing Address 2906 WHITTINGTON PLACE TAMPA, FL 33618 US
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01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2264076	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  CAPITANO, DORINE 2906 WHITTINGTON PLACE TAMPA, FL 33618
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**DO NOT WRITE  
IN THIS SPACE**

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: MARY K. HILLS Mary K. Hills Jan. 24, 2007  
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, 2007**

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	P HILLS, MARY K 2805 WHITTINGTON PLACE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRWAN, MARGUERITE 2910 WHITTINGTON PLACE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUZZEO, CHRISTINE 2905 WHITTINGTON PLACE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/07-80058-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Mary K. Hills Jan. 24, 2007 813-930-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #