2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 19, 2007 8:00 am
Secretary of State
03-01-2007 90012 025 ****61.25

DOCUMENT # 760241

1. Entity Name

SUN LAKES PROPERTY OWNERS' ASSOCIATION II, INC.

Principal Place of Business	Mailing Address
1809 ADREAN PL SUN CITY CENTER FL 33573 US	GLORIA LEWIS 1809 ADREAN PLACE SUN CITY CENTER FL 33573 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2120127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, GLORIA 1809 ADREAN PLACE SUN CITY CENTER FL 33573	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Gloria Lewis GLORIA LEWIS 2/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCLEISH, WILLIAM 1816 ADREAN PL SUN CITY CENTER FL 33573	☐ Delete VICE PRESIDENT, LAWN	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YENTES, GERALD 1708 CLOISTER DR SUN CITY CENTER FL 33573	☐ Delete SECRETARY	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEWIS, GLORIA 1809 ADREAN PL SUN CITY CENTER FL 33573	☐ Delete TREASURER	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUCAS, ~~IVAN~~ IVAN 1811 ADREAN PL SUN CITY CENTER FL 33573	☐ Delete PRESIDENT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HENDERSON, ROBERT 1812 BUTTERFLY PL. SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLAYTON STRAMBERG 1805 ADREAN PL SUN CITY CENTER FL 33573 VICE PRESIDENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Gloria Lewis GLORIA LEWIS 2/20/07 813 634-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #