2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 760241

Entity Name: SUN LAKES PROPERTY OWNERS' ASSOCIATION II, INC.

Current Principal Place of Business:

1809 ADREAN PL
SUN CITY CENTER, FL 33573 US

New Principal Place of Business:

Current Mailing Address:

PAUL LEWIS
1809 ADREAN PLACE
SUN CITY CENTER, FL 33573 US

New Mailing Address:

1809 ADREAN PL
SUN CITY CENTER, FL 33573 US

FEI Number: 59-2120127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, PAUL
1809 ADREAN PLACE
SUN CITY CENTER, FL 33573 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 ( ) Delete
Name: WHITFIELD, DOLORES
Address: 1815 ADREAN PLACE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: P ( ) Delete
Name: YENTES, GERALD
Address: 1708 CLOISTER DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T ( ) Delete
Name: LEWIS, PAUL
Address: 1809 ADREAN PL
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP ( ) Delete
Name: LUCAS, IVAN
Address: 1811 ADREAN PL
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP ( ) Delete
Name: STROMBERG, CLAYTON
Address: 1805 ADREAN PL
City-St-Zip: SUN CITY CENTER, FL 33573

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: VP (X) Change ( ) Addition
Name: HOOVER, GLEN
Address: 1812 ADREAN PL
City-St-Zip: SUN CITY CENTER, FL 33573

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: PAUL LEWIS T 04/13/2009

Electronic Signature of Signing Officer or Director Date