2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED

06 APR 29 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767782

1. Entity Name

CONTINENTAL OAKS II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
644 CAPITAL CIRCLE NE TALLAHASSEE FL 32301	PO BOX 13089 TALLAHASSEE FL 32317

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2765557 ☐ 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
RHINEHART, ROBERT S 644 CAPITAL CIRCLE NE TALLAHASSEE FL 32301	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 _____ 600074326306 05/10/06--01009--016 **61.25

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, 2006

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	PD SAULS, JAMES 2849 GREEN FOREST LANE TALLAHASSEE FL 32303	☑ Delete	~~Mgr~~ Director Megan Carney 1123 Ocala Rd Tallahassee, FL 32304	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EISENBURG, ROBERT 2079 CONTINENTAL AVE. TALLAHASSEE FL 32304	☐ Delete	President Eisenberg, Robert 2079 Continental Ave Tallahassee, FL 32304	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, MARY PO BOX 20397 TALLAHASSEE FL 32316	☐ Delete	Director Patrick Robins 1137 Ocala Rd Tallahassee, FL 32304	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, MARION 2412 ROSEMARY TALLAHASSEE FL 32307	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, DALLAS 1605 PAULA DRIVE TALLAHASSEE FL	☐ Delete	Vice President Dallas Marshall 1605 Paula Dr Tallahassee, FL 32303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, JOHNATHAN 1059 OCALA RD TALLAHASSEE FL 32304	☑ Delete		☐ 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: _____ 4/24/06

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