

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767782

FILED
Mar 20, 2009
Secretary of State

Entity Name: CONTINENTAL OAKS II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 13089
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-2765557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHINEHART, ROBERT S
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301 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: P () Delete
Name: EISENBURG, ROBERT
Address: 2079 CONTINENTAL AVE.
City-St-Zip: TALLAHASSEE, FL 32304

Title: TD () Delete
Name: SMITH, MARY
Address: PO BOX 20397
City-St-Zip: TALLAHASSEE, FL 32316

Title: VP () Delete
Name: MARSHALL, DALLAS
Address: 1605 PAULA DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: MOLINA, LUIS
Address: FSU BOX 66087
City-St-Zip: TALLAHASSEE, FL 32313

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LLINAS, ALEX
Address: 1067 OCALA ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP (X) Change () Addition
Name: MARSHALL, DALLAS
Address: 1605 PAULA DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S/T (X) Change () Addition
Name: SMITH, MARY
Address: P.O. BOX 20397
City-St-Zip: TALLAHASSEE, FL 32316

Title: D (X) Change () Addition
Name: ROBBINS, PATRICK
Address: 1137 OCALA ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Change (X) Addition
Name: RHINEHART, ROBERT S
Address: P.O. BOX 13089
City-St-Zip: TALLAHASSEE, FL 32317

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: ROBERT S. RHINEHART

RA

03/20/2009

Electronic Signature of Signing Officer or Director

Date