

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 768677

1. Entity Name
NORTHSIDE PROPERTIES, INC. II



Principal Place of Business
**12512 BRUCE B. DOWNS
TAMPA, FL 33612**

Mailing Address
**12512 BRUCE B. DOWNS
TAMPA, FL 33612**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2298392

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STANLEY, DONALD W. JR
202 S ROME
SUITE 100
TAMPA, FL 33606**

**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

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, 2005**

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	VD JOHNSON, WILLIAM CPA 3804 GUNN HIGHWAY TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY, DONALD W., JR. 202 S ROME STE 100 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD WINTON, DOUGLAS 2307 W. KENNEDY BLVD TAMPA, FL 33609
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02/25/05-80048-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Johnson

1/20/05 (813) 265-2717

Date

Daytime Phone #