


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90118 021 ****61.25

DOCUMENT # 768703 1. Entity Name COLLEGE PARK TOWERS II, INC.					
Principal Place of Business 5200 EGGLESTON ORLANDO, FL 32810			Mailing Address 5200 EGGLESTON ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2305463	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CRAWFORD, RONALD W 1914 EDGEWATER DRIVE ORLANDO, FL 32804			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	STD DUNN, JUDY 1112 DRUID RD MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Dunn, Judy 1112 Druid Road Maitland, FL 32751
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Otegbeye, Deji 511 Sylvan Drive Winter Park, FL 32789		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Temple, Jerry 228 W. Highland Street Altamonte Springs, FL 32714		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Stuart, Betty 916 Valencia Ave. Orlando, FL 32804		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Blum, Helaine 5104 N. Orange Blossom Trl #206 Orlando, FL 32810		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Sherry Webb</i></u> <u>4-18-08</u> <u>407-2911542</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40080306



03312008 Chg-NP CR2E037 (12/06)