


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90110 027 ****61.25

DOCUMENT # 770032			
1. Entity Name THE OFFICE VILLAGE II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 598 TIGERTAIL CT MARCO ISLAND, FL 34145 US		Mailing Address 598 TIGERTAIL CT MARCO ISLAND, FL 34145 US	
2. Principal Place of Business <i>7688 Rozzini Ln</i>		3. Mailing Address <i>7688 Rozzini Ln</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Naples, FL</i>		City & State <i>Naples, FL</i>	
4. FEI Number 59-2647223		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>34114</i>		Country <i>US</i>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADAMS, KAY H. GARBUTT 598 TIGERTAIL CT MARCO ISLAND, FL 34145		Name <i>Kay H. Adams</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>7688 Rozzini Ln</i>	
		City <i>Naples</i> FL Zip Code <i>34114</i>	
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 <i>Kay H Adams</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMEK, WILLIAM R.	NAME	
STREET ADDRESS	7241 SW 63RD AVE #201	STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERLICHMAN, ROY	NAME	
STREET ADDRESS	7325 SW 63RD AVE #203	STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, KAY GARBUTT	NAME	
STREET ADDRESS	598 TIGERTAIL CT	STREET ADDRESS	<i>7688 Rozzini Ln.</i>
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP	<i>Naples, FL 34114</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHADER, ROBERT	NAME	
STREET ADDRESS	7325 SW 63RD AVE. #201	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Kay H Adams</i>		Date <i>4/18/06</i> Daytime Phone # <i>239-404-1388</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	