


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90036 034 ****61.25

DOCUMENT # 770032

1. Entity Name
 THE OFFICE VILLAGE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7688 ROZZINI LN NAPLES, FL 34114 US	Mailing Address 7688 ROZZINI LN NAPLES, FL 34114 US
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40043301



03022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2647223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, RAY H
 7688 ROZZINI LN
 NAPLES, FL 34114

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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	PD SAMEK, WILLIAM R. 7241 SW 63RD AVE #201 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERLICHMAN, ROY 7325 SW 63RD AVE #203 S. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, KAY GARBUTT 500 TICERTAL CT 7688 Rozzini Lane MARGOT ISLAND, FL 34146 Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHADER, ROBERT 7688 ROZZINI LN 7325 SW 63 Ave. NAPLES, FL 34114 Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Kay Garbutt Adams, Sec 3/3/08 305-386-4855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #