2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N00000003531

Entity Name: ISLAND SOUND II AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

20916 ISLAND SOUTH CIRCLE, #102
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9709
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-3705475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARADISE PROPERTY MANAGEMENT GROUP, INC.
840 111TH AVENUE NORTH
#9
NAPLES, FL 34108 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: PD ( ) Delete
Name: RENO, WILLIAM
Address: 20916 ISLAND SOUTH CIRCLE, #101
City-St-Zip: ESTERO, FL 33928

Title: VD ( ) Delete
Name: COSTABLE, RICHARD
Address: 20916 ISLAND SOUTH CIRCLE, #102
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete
Name: BALLARD STEELE, SHIRLEY
Address: 20918 ISLAND SOUTH CIRCLE, #201
City-St-Zip: ESTERO, FL 33928

Title: TD ( ) Delete
Name: PHILLIPS, JOHN
Address: 20940 ISLAND SOUTH CIRCLE, #306
City-St-Zip: ESTERO, FL 33928

Title: SD ( ) Delete
Name: GINTER, MELBA
Address: 20940 ISLAND SOUTH CIRCLE, #301
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: THORSEN, BYRON
Address: 20944 ISLAND SOUTH CIRCLE, #402
City-St-Zip: ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM RENO PD 04/27/2006

Electronic Signature of Signing Officer or Director — Date