

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006741

FILED
Apr 28, 2008
Secretary of State

Entity Name: BISHOPWOOD WEST II OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN., STE 49
FORT MYERS, FL 33907

New Principal Place of Business:

802 ANCHOR RODE DR.
NAPLES, FL 34103

Current Mailing Address:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN., STE 49
FORT MYERS, FL 33907

New Mailing Address:

802 ANCHOR RODE DR
NAPLES, FL 34103

FEI Number: 65-1051469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN., STE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

MEADE, JAMES
C/O PARADISE PROPERTY MGT. GROUP
802 ANCHOR RODE DR.
NAPLES, FL 34103 US

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: JAMES MEADE

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CALLAHAN, JOANNE
Address: 3970 BISHOPWOOD CT. W #102
City-St-Zip: NAPLES, FL 34119

Title: DVP () Delete
Name: BROZETTI, FRANK
Address: 4386 ELMHURST BLVD.
City-St-Zip: MOSCOW, PA 18444

Title: DT () Delete
Name: DUNCAN, TIMOTHY
Address: 3970 BISHOPWOOD CT. WEST, #101
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROZETTI, FRANK
Address: 4386 ELMHURST BLVD.
City-St-Zip: MOSCOW, PA 18444

Title: ST (X) Change () Addition
Name: CALLAHAN, JOANNE
Address: 3970 BISHOPWOOD CT. W. #102
City-St-Zip: NAPLES, FL 34114

Title: VP (X) Change () Addition
Name: DUNCAN, TIMOTHY
Address: 3970 BISHOPWOOD CT. WEST, #101
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify 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: FRANK BROZETTI

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date