
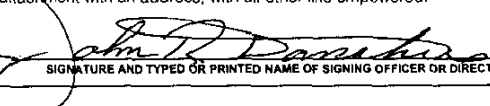


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90046 037 \*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N01000002276</b><br>1. Entity Name<br><b>ACADIA II CONDOMINIUM ASSOCIATION, INC.</b>   |  |  |   |                                      |  |
| Principal Place of Business<br><b>STERLING MANAGEMENT<br/>1701-B RICKENBACKER DRIVE<br/>SUN CITY CENTER, FL 33573</b>  |  |  | Mailing Address<br><b>STERLING MANAGEMENT<br/>1701-B RICKENBACKER DRIVE<br/>SUN CITY CENTER, FL 33573</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   | 02022007 Chg-NP CR2E037 (12/06)   |  |
| City & State   |  | City & State   |   | 4. FEI Number<br><b>59-3718084</b>  |  |
| Zip  |  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LAW OFFICES OF JAMES DE FURIO, P.A.<br/>201 E KENNEDY BLVD<br/>STE 1460<br/>TAMPA, FL 33602</b>  |  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |  |   | FL Zip Code   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>FOTI, RUSS<br>2107 ACADIA GREENS DR<br>SUN CITY CENTER, FL 33573     | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>Donohue, John<br>2019 Acadia Grns Dr.<br>Sun City Center, FL 33573  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPD<br>DONAHUE, JOHN<br>2019 ACADIA GREENS DR<br>SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VPD<br>Vandermolen, Darryl<br>2114 Acadia Grns Dr.<br>Sun City Center, FL 33573                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>EYCHESON, PAT<br>2021 ACADIA GREENS DR<br>SUN CITY CENTER, FL 33573  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | SD<br>Phillips, Pat<br>2025 Acadia Grns Dr.<br>Sun City Center, FL 33573  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>KENNY, MARGARET<br>2045 ACADIA GREENS DR<br>SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>GUERRA, CONNIE<br>2012 ACADIA GREENS DR<br>SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <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. |  |  |   |   |  |
| <b>SIGNATURE:</b>  <b>PRES</b> <b>3-26-02</b> <b>633-6415</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |   |   |  |

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