

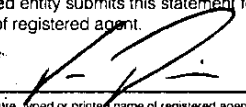
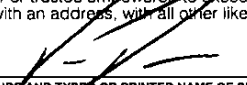


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90087 047 ****61.25

DOCUMENT # N01430 1. Entity Name ISLAND PARK WOODS, UNIT II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6158 LAKE FRONT DR FT. MYERS, FL 33908 US			Mailing Address 6158 LAKE FRONT DR FT. MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box # 13730 Cypress Terrace Circle Suite, Apt. #, etc. # 402		3. Mailing Address 13730 Cypress Terrace Circle Suite, Apt. #, etc. # 402			
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 59-2779005	
Zip 33907		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLIVAN, DAGMAR 6158 LAKE FRONT DR FT. MYERS, FL 33908			7. Name and Address of New Registered Agent Name Davis, Van Street Address (P.O. Box Number is Not Acceptable) 13730 Cypress Terrace Circle # 402 City Fort Myers FL Zip Code 33907 (07)		
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  Van Davis 1/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DAVIS, VAN 6941 HONEYCOMP LANE FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Addition Only) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6941 Honeycomb Lane Fort Myers, FL 33966	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SULLIVAN, DAGMAR 6158 LAKE FRONT DR FT. MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MORRIS, MARGARET 6134 LAKE FRONT DR. FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete CAMPEAU, KIM M 6152 LAKE FRONT DR FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
SIGNATURE:  Van Davis 1/19/07 FW-384-4225 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					