2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N01430

1. Entity Name
ISLAND PARK WOODS, UNIT II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13730 CYPRESS TERRACE CIRCLE #402 FORT MYERS, FL 33907 US	13730 CYPRESS TERRACE CIRCLE #402 FORT MYERS, FL 33907 US

DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2779005
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, VAN
13730 CYPRESS TERRACE CIRCLE #402
FORT MYERS, FL 33907

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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

U00000779870
01/11/08-80054-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, VAN
STREET ADDRESS	6941 HONEYCUMB LANE
CITY-ST-ZIP	FORT MYERS, FL 33966
TITLE	D
NAME	SULLIVAN, DAGMAR
STREET ADDRESS	6158 LAKE FRONT DR
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	D
NAME	MORRIS, MARGARET
STREET ADDRESS	6134 LAKE FRONT DR.
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	CAMPEAU, KIM M
STREET ADDRESS	6152 LAKE FRONT DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/8/08 800-374-4225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #