2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2008 8:00 am Secretary of State DOCUMENT # N02000007869 04-25-2008 90150 009 ****61.25 VILLÁS DE LA COSTA CONDOMINIUM ASSOCIATION II, INC. Principal Place of Business Mailing Address 538 N.E. 48TH STREET **90 SW 11TH AVE** BOCA RATON, FL 33486 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 05-0543060 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM P. SNOW CURTIS: WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) 90 SW 11TH AVE BOCA RATON, FL 33486 90 SW 117 AVE 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 Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD P/D Delete TITLE Change WILLIAM P. S NOW NAME CURTIS, WILLIAM'S NAME 90 SW 11TH AVE-STREET ADDRESS STREET ADDRESS 90 SW IIT AVE CITY-ST-ZIP BOCA RATON, FL 83486 CITY-ST-7IP BOLA RATION, FL 33486 VD TITLE Delete TITLE Change ■ Addition NAME **CURTIS, WILLIAM C** NAME WILLIAM C. CURTS F78 NE 48TH ST STREET ADDRESS STREET ADDRESS 558 N.C. 48M STREET BOCA RATON, FL 38431 CITY-ST-ZIP CITY-ST-7IP BOCA RATON, FL 33431 TITLE Delete TITLE Change Addition SNOW, WILLIAM R. NAME GLADYS PAGER NAME SEINE AT THE STREET STREET ADDRESS 501 NE 47TH ST STREET ADDRESS CITY-ST-ZIP BOGA-RATON, FL 33431 CITY-ST-ZIP BOCA RATON, EL 33431 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE тпте ☐ Delete Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

P. SNOW 4/22/2008 561-684-3375

FILED