2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N02000009189

Entity Name: FEATHER EDGE II CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-0030785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPECIALTY MANAGEMENT
882 JACKSON AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STANECK, MERYEM
Address: 105 LAKE EMMA COVE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: VD ( ) Delete
Name: BAKER, JAY
Address: 123 LAKE EMMA COVE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: STD ( ) Delete
Name: CAREY, MARGARET
Address: 151 FEATHERS EDGE LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: BRENDER, GARY
Address: 113 LAKE EMMA COVE DR
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: KASMAN, JUSTIN
Address: 105 FEATHER EDGE LOOP
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HILTON, HARRY
Address: 101 LAKE EMMA COVE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: S (X) Change ( ) Addition
Name: BRENDER, GARY
Address: 113 LAKE EMMA COVE DR
City-St-Zip: LAKE MARY, FL 32746

Title: TD (X) Change ( ) Addition
Name: KASMAN, JUSTIN
Address: 105 FEATHER EDGE LOOP
City-St-Zip: LAKE MARY, FL 32746

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: MERYEM STANEK PD 04/28/2008

Electronic Signature of Signing Officer or Director — Date