

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90013 047 ****61.25

DOCUMENT # N03000003551					
1. Entity Name BISHOPWOOD EAST II OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10471 SIX MILE CYPRESS PARKWAY SUITE 2 FORT MYERS, FL 33912			Mailing Address TROPICAL ISLES MGMT. 12734 KENWOOD LANE, STE. 49 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box # Tropical Isles Management Suite, Apt. #, etc. 12734 Kenwood Lane Ste 49		3. Mailing Address Suite, Apt. #, etc. <i>same</i>			
City & State Fort Myers, FL		City & State		4. FEI Number 55-0837095	
Zip 33907		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPICAL ISLES MGMT. 12734 KENWOOD LANE STE. 49 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>BNVEI</i> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 D	NAME OSTROWSKI, JOHN		<input type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3984 BISHOP WOOD CLT LE 105	CITY-ST-ZIP NAPLES, FL 34114			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME MULLEN, ROBERT		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3988 BISHOPWOOD CT E 202	CITY-ST-ZIP NAPLES, FL 34114			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME CARTER, JOHN		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3985 BISHOPWOOD CT E 204	CITY-ST-ZIP NAPLES, FL 34114			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME (blank)		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS (blank)	CITY-ST-ZIP (blank)			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME (blank)		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS (blank)	CITY-ST-ZIP (blank)			STREET ADDRESS	CITY-ST-ZIP
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: <i>John C Ostrowski</i> John C Ostrowski <i>2/14/08</i> 239-348-0938 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					