

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90199 018 ****61.25

DOCUMENT # N03000004729					
1. Entity Name PARADISE POINTE II, CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4235 S.E. 20TH PLACE CAPE CORAL, FL 33904			Mailing Address 4235 S.E. 20TH PLACE CAPE CORAL, FL 33904		
2. Principal Place of Business 6213 A Presidential Ct Suite, Apt. #, etc.		3. Mailing Address 6213 A Presidential Ct Suite, Apt. #, etc.			
City & State Fort Myers FL		City & State Fort Myers, FL		4. FEI Number 55-0835482	
Zip 33919		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHEFFY, JANE Y ESQ. 2375 TAMiami TRAIL NORTH, STE. 310 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: Henke, Carol J Street Address (P.O. Box Number is Not Acceptable): 610 Henke Property Mgt Inc 6213-A Presidential Ct City: Fort Myers FL Zip Code: 33919		
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: <u>Carol J Henke</u> Signature, typed or printed name of registered agent and title if applicable.				DATE: <u>4-26-2005</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing ☐ \$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 PTD NAME RECKENDORF, ANDREAS STREET ADDRESS 4235 S.E. 20TH PLACE CITY - ST - ZIP CAPE CORAL, FL 33904	☒ Delete		TITLE DP NAME Reese, Susan STREET ADDRESS 4235 S.E. 20th Place C-501 CITY - ST - ZIP Cape Coral, FL 33904	☐ Change ☒ Addition	
TITLE VD NAME SNOW, ROBERT A STREET ADDRESS 4235 S.E. 20TH PLACE CITY - ST - ZIP CAPE CORAL, FL 33904	☒ Delete		TITLE DVP NAME Schott, Roger STREET ADDRESS 4235 S.E. 20th Place C-503 CITY - ST - ZIP Cape Coral, FL 33904	☐ Change ☒ Addition	
TITLE SD NAME RECKENDORF, CLAUDIA STREET ADDRESS 4235 S.E. 20TH PLACE CITY - ST - ZIP CAPE CORAL, FL 33904	☒ Delete		TITLE STD NAME Busch, Edgar STREET ADDRESS 4235 S.E. 20th Place - C-204 CITY - ST - ZIP Cape Coral, FL 33904	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE D NAME Eagle, Greg STREET ADDRESS 4238 S.E. 20th Place C-503 CITY - ST - ZIP Cape Coral, FL 33904	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 titles empowered.					
SIGNATURE: <u>Susan Reese</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: <u>4-26-2005</u> DAYTIME PHONE #: <u>239-481-7150</u>	