

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90053 010 \*\*\*\*61.25

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01132007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N03000006782</b> 1. Entity Name <b>ESPLANADE II CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102		Mailing Address 365 FIFTH AVE. SOUTH, STE. 201 NAPLES, FL 34102	
2. Principal Place of Business - No P.O. Box # <b>11911 U.S. Highway 1</b> Suite, Apt. #, etc. <b>Suite 309</b>		3. Mailing Address <b>11911 U.S. Highway 1</b> Suite, Apt. #, etc. <b>Suite 309</b>	
City & State <b>NO PALM BEACH</b>		City & State <b>NO PALM BEACH</b>	
Zip <b>33408</b>		Zip <b>33408</b>	
Country		Country	
4. FEI Number <b>56-2418604</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANTARAMIAN, JACK J</b> <b>365 FIFTH AVE. SOUTH, STE. 201</b> <b>NAPLES, FL 34102</b>		7. Name and Address of New Registered Agent Name <b>Thomas Ryan Esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>Suite 309</b> <b>11911 U.S. Highway 1</b> City <b>NORTH PALM BEACH FL</b> Zip Code <b>33408</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1/2/07</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOMUTH, KIMBERLI A 1872 N BAHAMA AVE. MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WURMER, ELISABETH 380 RED BAY LANE MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAWSON, WILLIAM C 2330 N STAR LANE AVON, OH 44011	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>1/2/07</b> <small>DATE</small>	
		Daytime Phone #	