

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006782

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: ESPLANADE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1191 U.S. HWY 1  
STE 309  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

740 N. COLLIER BLVD  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

1191 U.S. HWY 1  
STE 309  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

1083 N. COLLIER  
#405  
MARCO ISLAND, FL 34145

FEI Number: 56-2418604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RYAN, THOMAS ESQ  
1191 US HWY 1  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

WHALE MGMT  
1083 N. COLLIER  
#320  
MARCO ISLAND, FL 34145 US

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: JERRY BONFITTO

02/26/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOMUTH, KIMBERLI A  
Address: 1872 N BAHAMA AVE.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: S ( ) Delete  
Name: WURMER, ELISABETH  
Address: 380 RED BAY LANE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: T ( ) Delete  
Name: PAWSON, WILLIAM C  
Address: 2330 N STAR LANE  
City-St-Zip: AVON, OH 44011

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MINCE, MARY  
Address: 2433 MARGERET DR.  
City-St-Zip: BENTON, MI 48430

Title: VP (X) Change ( ) Addition  
Name: PHILLILPS, THOMAS  
Address: 205 SAMUEL OAKS DR.  
City-St-Zip: OKEMOS, MI 48864

Title: T (X) Change ( ) Addition  
Name: ROSSELLI, ROBERT  
Address: P.O. BOX 486  
City-St-Zip: TRANQUILITY, NJ 07870

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: MARY MINCE

P

02/26/2008

Electronic Signature of Signing Officer or Director

Date