

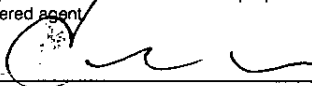
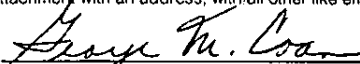


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90091 034 \*\*\*\*61.25

<b>DOCUMENT # N03000010193</b> 1. Entity Name <b>WILLOW BEND AT COLONIAL II RESIDENTS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>9148 BONITA BEACH RD., STE. 102 BONITA SPRINGS, FL 34135</b>				Mailing Address <b>9148 BONITA BEACH RD., STE. 102 BONITA SPRINGS, FL 34135</b>	
2. Principal Place of Business <b>c/o Integrated Property Mgmt.</b>		3. Mailing Address <b>c/o Integrated Property Mgmt.</b>			
Suite, Apt. #, etc. <b>3435 - 10th Street N., #201</b>		Suite, Apt. #, etc. <b>3435 - 10th Street N., #201</b>		03282005 Chg-NP CR2E037 (10/03)	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>20-0677436</b>	
Zip <b>34103</b>		Zip <b>34103</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STACKHOUSE, EDWIN D 9148 BONITA BEACH RD., STE. 102 BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name <b>Shields, Christopher J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1833 Hendry Street</b> PO Drawer 1507 City <b>Ft. Myers</b> <b>FL</b> Zip Code <b>33902</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  DATE <b>4/12/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, EDWIN D 9148 BONITA BEACH RD., STE. 102 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marshall, Delise <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9247 Independence Way Fort Myers, FL 33913		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEMPTON, JOHN S 9148 BONITA BEACH RD., STE. 102 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Coan, George <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9239 Independence Way Fort Myers, FL 33913		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, LAURA <input checked="" type="checkbox"/> Delete 9148 BONITA BEACH RD., STE. 102 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Sims, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9255 Independence Way Fort Myers, FL 33913		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE:  <b>G. M. COAN</b> <b>4/6/05</b> <b>239-482-6715</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					