
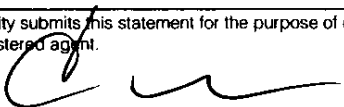



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90095 046 ****61.25

| | | | | | |
|--|---|---------------------|---|---|--------------------------|
| DOCUMENT # N03000010193 1. Entity Name WILLOW BEND AT COLONIAL II RESIDENTS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 - 10TH STREET N #201 NAPLES, FL 34103 | | | Mailing Address C/O INTEGRATED PROPERTY MGMT 3435 - 10TH STREET N #201 NAPLES, FL 34103 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 20-0677436 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| STACKHOUSE, EDWIN D 9148 BONITA BEACH RD., STE. 102 BONITA SPRINGS, FL 34135 | | | Name Shields, Christopher | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry Street | | |
| | | | PO Drawer 1507 | | |
| | | | City Fort Myers, FL | | Zip Code 33902 |
| 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  <div style="float: right; text-align: right;"> 3/30/07 DATE </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | | | |
| 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 | DP Koenig, Russell <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Koenig, Russell | | NAME | | |
| STREET ADDRESS | 9291 INDEPENDENCE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33913 | | CITY-ST-ZIP | | |
| TITLE | VD <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COAN, GEORGE | | NAME | | |
| STREET ADDRESS | 9239 INDEPENDENCE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33913 | | CITY-ST-ZIP | | |
| TITLE | STD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PRAJZA, RUDOLPH | | NAME | | |
| STREET ADDRESS | 9269 INDEPENDENCE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33913 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  <div style="float: right; text-align: right;"> RUSSELL R KOENIG Date Daytime Phone # </div> | | | | | |