

N03972	
1. Entity Name PALM ISLAND VILLAGE II PROPERTY OWNERS ASSOCIATION, INC.	
Principal Place of Business 7092 PLACIDA ROAD CAPE HAZE, FL 33946 US	
Mailing Address 7092 PLACIDA RD CAPE HAZE, FL 33946	
2. Principal Place of Business	
Suite, Apt. #, etc.	
City & State	
Zip Country Zip Country	
6. Name and Address of Current Registered Agent TAYLOR, KEN 7092 PLACIDA RD CAPE HAZE,, FL 33946	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. \$5.00 <small>Make check payable to Florida Department of State</small>
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP Delete HODGSON, JOHN 370 MAIN STREET., SUITE 1250 WORCESTER, MA 01608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete FITZGERALD, ROBERT S 66 WAGNER NORTHFIELD, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete KEMP, CLIFF 66 WANGER WINNETKA, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete NEESER, DENNIS P.O. BOX 38 PRINSBURG, MN 56281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete MCGOWEN, EUGENE 1314 MARQUETTE AVE #2707 MINNEAPOLIS, MN 55403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Change Addition Hodgson, John 370 Main St, Suite 1250 Worcester, MA 01608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Change Addition Fitzgerald, Robert S. 66 Wagner Northfield, IL 60093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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, without other like empowerment.	
SIGNATURE: [Handwritten Signature] Date: 4/25/05 Daytime Phone #: 941-697-6996	