2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2006 8:00 am Secretary of State DOCUMENT # N04000002747 02-17-2006 90167 001 *****8.75 PALM BREEZE II CONDOMINIUM ASSOCIATION, INC. 02-17-2006 90167 002 ****61.25 Principal Place of Business Mailing Address 917 SW 47TH TERR CAPE CORAL FL 33914 917 SW 47TH TERR ČAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 20-1231198 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 囟 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lefrancois LEFRANCOIE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 917 SW 47TH TERR # 104 CAPE CORAL FL 33914 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITLE ☐ Delete TITLE Addition SCHER, SY NAME NAME P.O. BOX 100374 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33910 CITY-ST-ZIP CITY - ST - ZiP VSD TITLE ☐ Change ☐ Addition ☐ Delete PROFFIT, DONNA NAME 917 SW 47TH TERR, # 206 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition_ TITLE ☐ Delete TITLE LEFRANCOIS, ROBERT NAME NAME STREET ADDRESS 917 SW 47TH TERR. # 104 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP TITLE Change Addition-☐ Defete TITLE NAME PATCHEL, ROBERT 917 SW 47TH TERR, # 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-20 Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP

FILED

2/10/06 SIGNATURE:

if changed, or on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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