

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 03, 2007 8:00 am
Secretary of State**

05-03-2007 90032 017 ****61.25

| | | |
|--|--|---|
| DOCUMENT # N04000002747 | |  |
| 1. Entity Name PALM BREEZE II CONDOMINIUM ASSOCIATION, INC. | | |

| | |
|---|--|
| Principal Place of Business 917 SW 47TH TERR CAPE CORAL, FL 33914 | Mailing Address 917 SW 47TH TERR # 104 CAPE CORAL, FL 33914 |
|---|--|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| LEFRANCOIE, ROBERT 917 SW 47TH TERR # 104 CAPE CORAL, FL 33914 | Name Street Address (P.O. Box Number is Not Acceptable) City |
| | FL Zip Code |



02062007 Chg-NP CR2E037 (12/06)

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|----------------------------------|---|
| 4. FEI Number 20-1231198 | Applied For 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 |
| LEFRANCOIE, ROBERT 917 SW 47TH TERR # 104 CAPE CORAL, FL 33914 | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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 NAME STREET ADDRESS CITY-ST-ZIP | PD SCHER, SY P.O. BOX 100374 CAPE CORAL, FL 33910 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VINCENT PEMAVERA 1115 SHEPARD DR BLUE BELL, PA 19422 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD PROFFIT, DONNA 917 SW 47TH TERR, # 206 CAPE CORAL, FL 33914 | <input checked="" 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 | TD LEFRANCOIS, ROBERT 917 SW 47TH TERR, # 104 CAPE CORAL, FL 33914 | <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 | D PATCHEL, ROBERT 917 SW 47TH TERR, # 101 CAPE CORAL, FL 33914 | <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 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: 

Robert PATCHELL

4/30/07

716-830-9239

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR