## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 23, 2008 8:00 am Secretary of State

DOCUMENT # N0400002747  1. Entity Name PALM BREEZE II CONDOMINIUM ASSOCIATION, INC.							0	5-23-2008 9	90017 014	4 ****61.	25	
Principal Plac 917 SW 47T CAPE CORAL	H TERR	Mailing Address 917 SW 47TH TERR # 104 CAPE CORAL, FL 33914								1921 EL 1821		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #. etc.			Suite, Apt. #, etc.					05132008	Chg-NP	CR2E03	37 (12/06)	
City & State			City & State				4. FEI Number 20-12311	198		<u> </u>	oplied For ot Applicable	
Zip	Zip Country		Zip (		Соц	ountry		5. Certificate of	Status Desired		\$8.75 Add Fee Require	ditional ad
	6. Name	and Address of Current	t Registere	d Agent				7. Name and A	ddress of New I	Registered /	Agent	
LEFRANC	ى OIÉ. ROBI	ÉRT				Name						
917 SW 47 # 104						Street Address (P.O. Box Number is Not Acceptable)						
CAPE CO	RAL, FL 3	3914				City					Zip Cod	<u> </u>
<u> </u>										FL Zip Code		
the obligate	tions of registe	submits this statement f ened agent.	or the purp	ose of changing its	registere	ed office c	r register	ed agent, or both,	in the State of Fl	lorida. I am i	familiar with,	and accept
1	Signature, typed	or printed name of registered agen	I and title if app	licable. (NOT	: Registere	d Agent signa	ture required	when reinstating)		DATE		
· D	Filing Fe	or printed name of registered agon e 19561.25 tember 12, 2008	il and title if app	9. Election Car Trust Fund C	npaign F	inancing	ture required	\$5.00 May Be Added to Fees		DATE fake check rida Depar		
D.	Filing Fe	e is \$61.25		9. Election Car	npaign F	inancing		\$5.00 May Be	Flo	fake check rida Depar	tment of S	tate
	PD PEIMAUEI	e is \$61.25 tember 12, 2008 OFFICERS AND DI		9. Election Car	npaign F Contributi 11. TITLE NAM	inancing ion.		\$5.00 May Be Added to Fees	GES TO OFFICE	fake check rida Depar	tment of S	tate
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12. I nereby 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: Polert Librarcais by Robert Le François 5/13/08 239-443-109/
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNATURE AND TYPES OF PRINTED PLANE PROPRIES

Wilhelle Lomman