

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

5/4

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-04-2005 90143 040 ****61.25

DOCUMENT # N04000011316	
1. Entity Name IL VILLAGIO NEIGHBORHOOD II CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9745 TOUCHTON RD JACKSONVILLE, FL 32246	Mailing Address 9745 TOUCHTON RD JACKSONVILLE, FL 32246
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66021351



2. Principal Place of Business 8009 S. ORANGE AVE.	3. Mailing Address 8009 S. ORANGE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

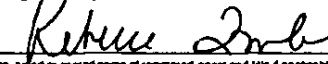
City & State Orlando FL	City & State Orlando FL
Zip 32809-6711	Zip 32809-6711
Country	Country

4. FEI Number 20-2583901	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HABER, ROBERT-M 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Leland Management Inc. Street Address (P.O. Box Number is Not Acceptable) 8009 S. ORANGE AVE City Orlando FL Zip Code 32809-6711
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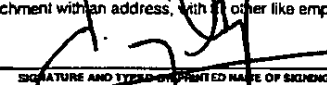
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORTEGA, JORGE 9745 TOUCHTON RD JACKSONVILLE, FL 32246 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AVILA, EDUARDO 2601 S BAYSHORE DR STE 200 MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SISSEL, STEVEN 9745 TOUCHTON RD JACKSONVILLE, FL 32246 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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, with or without other like empowered.

SIGNATURE: 	Date 04/15/05	Daytime Phone # 786-236-2908
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