



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90100 002 \*\*\*\*61.25

<b>DOCUMENT # N04263</b> 1. Entity Name <b>CONTEMPORARY II CONDOMINIUM ASSOCIATION, INC.</b>																										
Principal Place of Business 4513 SW 8TH CT. UNIT 111 CAPE CORAL, FL 33914 US		Mailing Address 4513 SW 8TH CT. UNIT 111 CAPE CORAL, FL 33914 US																								
2. Principal Place of Business - No P.O. Box # % American Condo MGMT Suite, Apt. #, etc. 615 Cape Coral Pkwy W, #103 City & State CAPE CORAL, FL Zip 33914 Country		Mailing Address % American Condo Mgmt Suite, Apt. #, etc. POB 100399 City & State CAPE CORAL, FL Zip 33910 Country																								
																										
		05012007 Chg-NP CR2E037 (12/06)																								
		4. FEI Number 59-2491411																								
		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  TASLER, ADAM 4513 SW 8TH COURT #111 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name SUSAN KASE CAN Street Address (P.O. Box Number is Not Acceptable) % American Condo MGMT 615 Cape Coral Pkwy W #103 City CAPE CORAL FL Zip Code 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 <u>Susan Kase</u> <u>SUSAN KASE</u> <u>4/30/07</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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																								
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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: <u>Debra Hawkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Secretary/Treas <u>4/30/07</u> <u>542-4404</u> <small>Date Daytime Phone #</small>																								