

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04263

FILED
Apr 29, 2008
Secretary of State

Entity Name: CONTEMPORARY II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W. #103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
POB 100399
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 59-2491411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN CAM
C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W #103
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TASLER, ADAM
Address: 4513 SW 8TH ST., #111
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: KOZIELSKI, DENEEN
Address: 4513 SW 8TH CT #103
City-St-Zip: CAPE CORAL, FL 33914

Title: ST () Delete
Name: HAWKINS, DEBRA
Address: 4513 SW 8TH CT #117
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CERVI, RON
Address: 4513 SW 8TH ST., #109
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA HAWKINS

S/T

04/29/2008

Electronic Signature of Signing Officer or Director

Date