2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# N05000000735

Entity Name: ST. CLOUD VILLAS PHASE II, INC.

Current Principal Place of Business:

4300 FORGET ME NOT COURT
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

700 GENERATION POINT
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 55-0901127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUMBIE, FRED H JR.
100 CHURCH STREET
KISSIMMEE, FL 34741 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:	PD	( ) Delete
Name:	SCARBOROUGH, PATRICIA	
Address:	1561 HEATHER WAY	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	VPD	( ) Delete
Name:	DAVITT, MARIANNE	
Address:	700 W OAK STREET	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	D	( ) Delete
Name:	CARRASQUILLO, CARMEN	
Address:	498 FLORAL DR	
City-St-Zip:	KISSIMMEE, FL 34743	
Title:	SD	( ) Delete
Name:	COLON, GERMAN	
Address:	259 E. CEDARWOOD CIRCLE	
City-St-Zip:	KISSIMMEE, FL 34743	
Title:	TD	( ) Delete
Name:	KOSHNICK, NEIL	
Address:	3421 DOUGLAS COURT	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	D	( ) Delete
Name:	BROWN, CARMENCITA	
Address:	879 ASPENWOOD CIRCLE	
City-St-Zip:	KISSIMMEE, FL 34743	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CARMEN CARRASQUILLO DIR 02/06/2008

Electronic Signature of Signing Officer or Director — Date