2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# N05000002298

Entity Name: CONDOMINIUM II AT BARLETTA ASSOCIATION, INC.

Current Principal Place of Business:

10481 SIX MILE CYPRESS PARKWAY
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

10481 SIX MILE CYPRESS PARKWAY
FT MYERS, FL 33912

New Mailing Address:

11691 GATEWAY BLVD.
SUITE 203
FT MYERS, FL 33913

FEI Number: 20-3033308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FT MYERS, FL 33901 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: BENSON, STEVE
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33912

Title: VD ( ) Delete
Name: SORENSON, ANDY
Address: 10481 SIX MILE CYPRESS PARKWAY
City-St-Zip: FT MYERS, FL 33912

Title: STD ( ) Delete
Name: HAGAN, JOHN
Address: 10481 SIX MILE CYPRESS PARKWAY
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SORENSEN, ANDREW
Address: 10481 SIX MILE CYPRESS PKWY
City-St-Zip: FORT MYERS, FL 33912

Title: VD (X) Change ( ) Addition
Name: DEVEREAUX, MATTHEW
Address: 10481 SIX MILE CYPRESS PARKWAY
City-St-Zip: FT MYERS, FL 33912

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN HAGAN STD 04/13/2006

Electronic Signature of Signing Officer or Director — Date