

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90207 012 ****61.25

DOCUMENT # N05000008951

1. Entity Name
MASTIQUE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**9001 DANIELS PARKWAY, SUITE 200
FORT MYERS, FL 33912**

Mailing Address
**9001 DANIELS PARKWAY, SUITE 200
FORT MYERS, FL 33912**

20000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

90-3612061

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEEPLS, C. PERRY
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 34108**

Name

KRAMER - TRIAD

Street Address (P.O. Box Number is Not Acceptable)

3050 HORSESHOE DRIVE N. SUITE 215

City

NAPLES

FL

Zip Code

34104

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

[Signature]

KIRK BLISS

5-1-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE **D** ☒ Delete
NAME **TROWBRIDGE, KERRY**
STREET ADDRESS **9001 DANIELS PARKWAY, SUITE 200**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **MICHAEL K. VARGO**
STREET ADDRESS **12601 MASTIQUE BEACH BLVD**
CITY-ST-ZIP **FORT MYERS FL 33908 #3W**

TITLE **D** ☒ Delete
NAME **GULLO, VINCE**
STREET ADDRESS **9001 DANIELS PARKWAY, SUITE 200**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ALAN VANDERMEER**
STREET ADDRESS **12601 MASTIQUE BEACH BLVD**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☒ Delete
NAME **KNIZNER, DAVID**
STREET ADDRESS **9001 DANIELS PARKWAY, SUITE 200**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **VICKI W. TERRY**
STREET ADDRESS **12601 MASTIQUE BEACH BLVD**
CITY-ST-ZIP **F. MYERS, FL 33908 #1604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

Date

317 490-6600

Daytime Phone #