2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000730

FILED Apr 27, 2007 Secretary of State

Entity Name: DANIELS CENTER II OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8991 DANIELS CENTER DRIVE SUITE 103 FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

8991 DANIELS CENTER DRIVE 7051

SUITE 103 SUITE 110

FORT MYERS, FL 33912 FORT MYERS, FL 33907

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCLEARY, MARK D

8991 DANIELS CENTER DRIVE

SUITE 103

FORT MYERS, FL 33912 US

PEPITONE, THOMAS RA
7051 CYPRESS TERRACE
SUITE 110

FORT MYERS, FL 33912 US

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: THOMAS PEPITONE 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 MCCLEARY, MARK D
 Name:
 MCCLEARY, MARK D

 Address:
 8991 DANIELS CENTER DRIVE
 Address:
 7051 CYPRESS TERRACE

 City-St-Zip:
 FORT MYERS, FL 33907
 FORT MYERS, FL 33907

Title: D () Delete Title: D (X) Change () Addition
Name: MCCLEARY, JOCELYN F
Address: 8991 DANIELS CENTER DRIVE Address: 7051 CYPRESS TERRACE

Address: 8991 DANIELS CENTER DRIVE Address: 7051 CYPRESS TERRACE City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GLASE, JAMES A
 Name:
 GLASE, JAMES A

 Address:
 8991 DANIELS CENTER DRIVE
 Address:
 7051 CYPRESS TERRACE

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:
 FORT MYERS, FL 33907

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: MARK D. MCCLEARY D 04/27/2007