2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 26, 2007 8:00 am Secretary of State

DOCUMENT # N0600006981 1. Entity Name HERITAGE BAY SINGLE FAMILY HOMES II, INC.						03-26-200		022 ****6	51.25
Principal Place 10481 SIX M FT. MYERS, F	ILE CYPRESS PKWY	Mailing Address 10481 SIX MILE CYPRE FT. MYERS, FL 33912				100411	155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State			4. FEI Number	51873		<u> </u>	pplied For at Applicable
Zip	Country	Zip	Country		5. Certificate of			\$8.75 Add	litional
	6. Name and Address of Current F	Registered Agent	<u> </u>		7. Name and A	idress of New	Registered	•	
SHIELDS.	CHRISTOPHER J		Name	·	• •		·		
1833 HENI	DRY STREET S, FL 33901		Street Ad		P.O. Box Number i	s Not Accepta	ble)		
	-, · -								
			City				FI	Zip Čode	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office o	r register	ed agent, or both,	in the State of	Florida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signa	ture required	when reinstating)		DATE		
SIGNATURE .		9. Election Car	E. Registered Agent signa mpalign Financing Contribution.	ture required	\$5.00 May Be Added to Fees	FI	Make chec	ck payable to	
SIGNATURE .	Signature, typed or printed name of registered agent a	9. Election Car Trust Fund (mpaign Financing		\$5.00 May Be Added to Fees	GES TO OFFI	Make chec orida Depa	irtment of St	tate
10. TITLE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Car Trust Fund (mpaign Financing Contribution.		\$5.00 May Be Added to Fees	GES TO OFFI	Make chec orida Depa	irtment of St	tate
10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR D READER, JIM 10481 SIX MILE CYPRESS PKW	9. Election Car Trust Fund (ECTORS	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS		\$5.00 May Be Added to Fees ADDITIONS/CHAN	GES TO OFFIC	Make chec orida Depa CERS AND D	DIRECTORS IN Change	I 10 Addilion
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR D READER, JIM 10481 SIX MILE CYPRESS PKW FT. MYERS, FL 33912 D DEBITETTO, JOHN 10481 SIX MILE CYPRESS PKW FT. MYERS, FL 33912 D	9. Election Car Trust Fund (mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	P) THI 101 Fold 570	\$5.00 May Be Added to Fees ADDITIONS/CHAN RON DAN 1481 SIX AT MYERS	GES TO OFFICE ILL MILE (FL 3)	Make checorda Department of the Carlo Carl	Introduction of State	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR D READER, JIM 10481 SIX MILE CYPRESS PKW FT. MYERS, FL 33912 D DEBITETTO, JOHN 10481 SIX MILE CYPRESS PKW FT. MYERS, FL 33912 D CORBIN, DELINDA 10481 SIX MILE CYPRESS PKW	9. Election Car Trust Fund (Delete Y Delete Y	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P) THI 101 Fold 570	\$5.00 May Be Added to Fees ADDITIONS/CHAN RON DAN 1481 SIX AT MYERS	GES TO OFFICE ILL MILE (FL 3)	Make checorda Department of the Carlo Carl	Introduction of State	Addition
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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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL THAM

234-278-1177

Oaylane Phone #