

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000923

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** HEAVENORLANDO II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8210 PRESIDENTS DRIVE  
ORLANDO, FL 32809

**New Principal Place of Business:**

8240 EXCHANGE DRIVE  
STE. 9  
ORLANDO, FL 32809

**Current Mailing Address:**

8210 PRESIDENTS DRIVE  
ORLANDO, FL 32809

**New Mailing Address:**

8240 EXCHANGE DRIVE  
STE. 9  
ORLANDO, FL 32809

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DPST ( ) Delete  
Name: KINGSTONE, BRETT  
Address: 8240 EXCHANGE DRIVE CLOUD 9  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: KINGSTONE, MAISA  
Address: 8240 EXCHANGE DRIVE CLOUD 9  
City-St-Zip: ORLANDO, FL 32809

Title: DV ( ) Delete  
Name: WOLLE, VINCENT  
Address: 108 COMMERCE STREET STE 200  
City-St-Zip: LAKE MARY, FL 32746

**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:

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: BRETT KINGSTONE

D

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date