

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003783

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** ALTA MER II ASSOCIATION, INC.

**Current Principal Place of Business:**

306 GOLDEN GATE POINT UNIT 5  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

306 GOLDEN GATE POINT UNIT 5  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 65-0723486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULLER, WILLIAM J III  
423 BURNS CT  
SARASOTA, FL 34236 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:** DPT  
**Name:** ADAMS, MICHAEL L  
**Address:** 306 GOLDEN GATE POINT UNIT 5  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** DVS  
**Name:** MORTON, E.W. TED JR  
**Address:** 306 GOLDEN GATE POINT UNIT 7  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** D  
**Name:** FULLER, WILLIAM J III  
**Address:** 423 BURNS CT  
**City-St-Zip:** SARASOTA, FL 34236

I hereby 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 all other like empowered.

**SIGNATURE:** MICHAEL L. ADAMS

DPT

04/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date