


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90197 021 ****61.25

DOCUMENT # N15190 1. Entity Name FIDDLER'S GREEN CONDOMINIUM ASSOCIATION II, INC.					
Principal Place of Business 6800 PLACIDA RD CLUBHOUSE ENGLEWOOD, FL 34224 US			Mailing Address 6800 PLACIDA RD CLUBHOUSE ENGLEWOOD, FL 34224 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2956610				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COASH, SALLY M 6800 PLACIDA RD, UNIT 181 ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name Sally M. Coash Street Address (P.O. Box Number is Not Acceptable) 6800 PLACIDA RD. UNIT # 181 City ENGLEWOOD, FL Zip Code 34224		
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 <u><i>Sally M. Coash</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Sally M. Coash <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/9/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP BARKER, CURTIS 6800 PLACIDA RD, UNIT 182 ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Sally M. Coash 6800 Placida Rd., Unit #181 Englewood, FL 34224
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCGINNITY, EUGENE 6800 PLACIDA RD., UNIT #273 ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Jeanne Vellekamp 6800 Placida Rd., Unit #162 Englewood, Fl 34224
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONAHAN, PATRICIA 6800 PLACIDA RD, TH 3-C ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, WILLIS 6800 PLACIDA RD, UNIT # 2019 ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FURMAN, LEROY 6800 PLACIDA ROAD, #286 ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Sally M. Coash</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>SALLY M. COASH</i></u> 4/9/07 697-9359 <small>Date Daytime Phone #</small>		