


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90296 001 \*\*\*122.50

<b>DOCUMENT # N20297</b> 1. Entity Name <b>FLORIDA PALMS ASSOCIATION II, INC.</b>	
---	---

Principal Place of Business <b>786 SOUTH ORANGE AVE SARASOTA, FL 34236</b>	Mailing Address <b>786 SOUTH ORANGE AVE SARASOTA, FL 34236</b>
---	---

**66007502**



04032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0075066</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>SHOAF, MARGARET 2100 S. TAMiami TRAIL SARASOTA, FL 34239</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYR, FRITZ 786 S. ORANGE AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAKKAK, GEORGE 786 SOUTH ORANGE AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKAEIL, SHRIF <b>SHARIF, MIKAEIL</b> 786 S. ORANGE AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:** *F. Allen* *PRES.* *4-3-08* *941-651-6222*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #