

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25272

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** CONCEPT II SOUTH CONDOMINIUM ASSOCIATION OF CAPE CORAL, INC.

**Current Principal Place of Business:**

C/O MANSFIELD ASSOCIATION MANAGEMENT  
3398 FORUM BOULEVARD, SUITE 104  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

C/O MANSFIELD ASSOCIATION MANAGEMENT  
4420 FLAGSHIP DRIVE  
FORT MYERS, FL 33919 US

**Current Mailing Address:**

C/O MANSFIELD ASSOCIATION MANAGEMENT  
3398 FORUM BOULEVARD, SUITE 104  
FORT MYERS, FL 33905 US

**New Mailing Address:**

C/O MANSFIELD ASSOCIATION MANAGEMENT  
4425 S. LANDINGS DRIVE, SUITE 150  
FORT MYERS, FL 33919 US

FEI Number: 65-0185125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARSH, BRENDA M  
C/O MANSFIELD ASSOCIATION MANAGEMENT  
3398 FORUM BOULEVARD, SUITE 104  
FORT MYERS, FL 33905 US

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

MARSH, BRENDA M  
C/O MANSFIELD ASSOCIATION MANAGEMENT  
4420 FLAGSHIP DRIVE  
FORT MYERS, FL 33919 US

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:

03/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CAMPBELL, ROBERT  
Address: 4425 S. LANDINGS DRIVE, SUITE 150  
City-St-Zip: FORT MYERS, FL 33919 US

Title: STD  
Name: MADIGAN, LAURIE  
Address: 4425 S. LANDINGS DRIVE, SUITE 150  
City-St-Zip: FORT MYERS, FL 33919 US

Title: VD  
Name: O'ROURKE, JOHN  
Address: 4425 S. LANDINGS DRIVE, SUITE 150  
City-St-Zip: FORT MYERS, FL 33919 US

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: BRENDA M. MARSH

RA

03/12/2012

Electronic Signature of Signing Officer or Director

Date