


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90053 006 \*\*\*\*61.25

<b>DOCUMENT # N27988</b>		
1. Entity Name <b>ISLES CLUB II CONDOMINIUM ASSOCIATION, INC..</b>		

Principal Place of Business <b>1801 JAMAICA WAY 111 ISLES CLUB 11 PUNTA GORDA FL 33950 US</b>	Mailing Address <b>1801 JAMAICA WAY 111 ISLES CLUB 11 APT 222 PUNTA GORDA FL 33950 US</b>
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2. Principal Place of Business <b>1801 Jamaica way #222</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>PUNTA GORDA FL.</b>	City & State
Zip <b>33950</b>	Country
Country <b>CHARLOTTE</b>	Zip



MOORE CR2E037 (11/03)

4. FEI Number <b>65-0070193</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SMITH-RUSSELL G APT 221 1801 JAMAICA WAY PUNTA GORDA FL 33950-5124</b>	
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7. Name and Address of New Registered Agent	
Name <b>TATIANA X. EUGENIDES</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1801 Jamaica way #222</b>	
City <b>PUNTA GORDA</b>	Zip Code <b>FL 33950</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 *T. X. Eugénides*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RUSSELL G APT 221 1801 JAMAICA WY PUNTA GORDA FL 33950-5124 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tatiana X EUGENIDES 1801 Jamaica way #222 Punta Gorda FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASTSON, ROBERT 1801 JAMAICA WAY 222 PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATSON, MILDRED 1801 JAMAICA WAY 302 PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, RUSSELL S 1801 JAMAICA WAY 111 PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATSON, ROBERT 1801 JAMAICA WAY 222 PT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *T. X. Eugénides*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #