

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N27988

1. Entity Name
ISLES CLUB II CONDOMINIUM ASSOCIATION, INC..



Principal Place of Business
1801 JAMAICA WAY
#222
PUNTA GORDA, FL 33950 US

Mailing Address
1801 JAMAICA WAY
#222
PUNTA GORDA, FL 33950 US

2. Principal Place of Business

3. Mailing Address

1801 JAMAICA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

221

10052005 REIN-NP

CR2E099 (6/04)

City & State

City & State

PUNTA GORDA

4. FEI Number
65-0070193

Applied For
Not Applicable

Zip

Country

Zip

Country

33950

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EUGENIDES, TATIANA X
1801 JAMAICA WAY
#222
PUNTA GORDA, FL 33950-5124

Name TRUMPIEY, AUDREA N.

Street Address (P.O. Box Number is Not Acceptable)

1801 JAMAICA WAY

221

City PUNTA GORDA

FL

Zip Code 33950

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 AUDREA N. TRUMPIEY
Signature, typed or printed name of registered agent and title if applicable.

Gordon H. Jumper
(NOTE: Registered Agent signature required when reinstating)

10/7/05
DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME EUGENIDES, TATIANA X
STREET ADDRESS 1801 JAMAICA WAY, #222
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Change ☐ Addition
NAME 80006045558
STREET ADDRESS 10/10/05--01070--009 **236.25
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MASTSON, ROBERT
STREET ADDRESS 1801 JAMAICA WAY 222
CITY-ST-ZIP PORT CHARLOTTE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MATSON, MILDRED
STREET ADDRESS 1801 JAMAICA WAY 302
CITY-ST-ZIP PUNTA GORDA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME SMITH, RUSSELL S
STREET ADDRESS 1801 JAMAICA WAY 111
CITY-ST-ZIP PUNTA GORDA, FL DECREASED

TITLE ☐ Change ☒ Addition
NAME T/S
STREET ADDRESS AUDREA N. TRUMPIEY
CITY-ST-ZIP 1801 JAMAICA WAY # 221
PUNTA GORDA FL 33950

TITLE PD ☐ Delete
NAME MATSON, ROBERT
STREET ADDRESS 1801 JAMAICA WAY 222
CITY-ST-ZIP PT CHARLOTTE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: AUDREA N. TRUMPIEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/05 941-637-9607
Date Daytime Phone #