

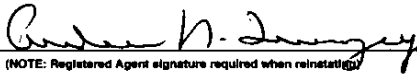
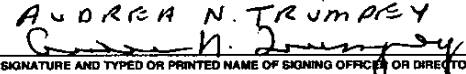


## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N27988</b> 1. Entity Name <b>ISLES CLUB II CONDOMINIUM ASSOCIATION, INC..</b>						<b>FILED</b> <b>05 OCT 10 AM 9:24</b> SECRETARY OF STATE PALM BEACH, FLORIDA	
Principal Place of Business <b>1801 JAMAICA WAY #222 PUNTA GORDA, FL 33950 US</b>		Mailing Address <b>1801 JAMAICA WAY #222 PUNTA GORDA, FL 33950 US</b>					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1801 JAMAICA WAY # 221</b>		10052005 REIN-NP		CR2E099 (6/04)	
City & State		City & State <b>PUNTA GORDA</b>		4. FEI Number <b>65-0070193</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip <b>33950</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>EUGENIDES, TATIANA X 1801 JAMAICA WAY #222 PUNTA GORDA, FL 33950-5124</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>TRUMPEY, AUDREA N.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 JAMAICA WAY # 221</b> City <b>PUNTA GORDA FL</b> Zip Code <b>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 <b>AUDREA N. TRUMPEY</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>10/7/05</b> <small>DATE</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD <input type="checkbox"/> Delete <b>EUGENIDES, TATIANA X 1801 JAMAICA WAY, #222 PUNTA GORDA, FL 33950</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800060455558 10/10/05--01070--009 **236.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD <input type="checkbox"/> Delete <b>MASTSON, ROBERT 1801 JAMAICA WAY 222 PORT CHARLOTTE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD <input type="checkbox"/> Delete <b>MATSON, MILDRED 1801 JAMAICA WAY 302 PUNTA GORDA, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD <input checked="" type="checkbox"/> Delete <b>SMITH, RUSSELL S 1801 JAMAICA WAY 111 PUNTA GORDA, FL</b> <b>DECEASED</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T/S AUDREA N. TRUMPEY 1801 JAMAICA WAY # 221 PUNTA GORDA FL 33950</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD <input type="checkbox"/> Delete <b>MATSON, ROBERT 1801 JAMAICA WAY 222 PT CHARLOTTE, FL</b>		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.							
<b>SIGNATURE:</b> <b>AUDREA N. TRUMPEY</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>10/7/05</b> <small>Date</small>		<b>941-637-9607</b> <small>Daytime Phone #</small>			