



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90027 037 ****61.25

DOCUMENT # N27988 1. Entity Name ISLES CLUB II CONDOMINIUM ASSOCIATION, INC..					
Principal Place of Business 1801 JAMAICA WAY #221 PUNTA GORDA, FL 33950 US			Mailing Address 1801 JAMAICA WAY #221 PUNTA GORDA, FL 33950		
2. Principal Place of Business 1801 JAMAICA WAY Suite, Apt. #, etc. PUNTA GORDA FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 33950 Country CHAKLOTTE		Zip Country		01182006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0070193				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent TRUMPEY, AUDREA N 1801 JAMAICA WAY #221 PUNTA GORDA, FL 33950-5124	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				FL Zip Code	
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 <u><i>Audrea N. Trumpey</i></u> DATE <u>3/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EUGENIDES, TATIANA X 1801 JAMAICA WAY, #222 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EUGENE STORRY 1801 JAMAICA WAY #111 PUNTA GORDA, FL 33950	<input type="checkbox"/> Change <input 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	TS TRUMPEY, AUDREA S 1801 JAMAICA WAY #221 PUNTA GORDA, FL 33950	<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	<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 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: <u><i>Audrea N. Trumpey</i></u> AUDREA N. TRUMPEY			Date <u>3/30/06</u> Daytime Phone # <u>941-637-9607</u>		