


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N27988 1. Entity Name ISLES CLUB II CONDOMINIUM ASSOCIATION, INC..	
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Principal Place of Business 1801 JAMAICA WAY PUNTA GORDA, FL 33950 US	Mailing Address 1801 JAMAICA WAY #221 PUNTA GORDA, FL 33950
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01092008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0070193	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRUMPEY, AUDREA N 1801 JAMAICA WAY #221 PUNTA GORDA, FL 33950-5124
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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. Trumpey 1-14-08
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STORRY, EUGENE 1801 JAMAICA WAY 111 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASTSON, ROBERT 1801 JAMAICA WAY 222 332 PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATSON, MILDRED 1801 JAMAICA WAY 302 332 PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS TRUMPEY, AUDREA S 1801 JAMAICA WAY #221 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATSON, ROBERT 1801 JAMAICA WAY 222 332 PT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000786433 01/17/08-80040-018 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Audrea N. Trumpey 1-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #