

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27988

FILED
Feb 17, 2009
Secretary of State

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

Current Principal Place of Business:

1801 JAMAICA WAY
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

1801 JAMAICA WAY
221
PUNTA GORDA, FL 33950 US

Current Mailing Address:

1801 JAMAICA WAY #221
PUNTA GORDA, FL 33950

New Mailing Address:

1801 JAMAICA WAY
221
PUNTA GORDA, FL 33950 US

FEI Number: 65-0070193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUMPEY, AUDREA N
1801 JAMAICA WAY
#221
PUNTA GORDA, FL 339505124 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STORRY, EUGENE
Address: 1801 JAMAICA WAY 111
City-St-Zip: PUNTA GORDA, FL 33950

Title: VD () Delete
Name: MASTSON, ROBERT
Address: 1801 JAMAICA WAY 222
City-St-Zip: PORT CHARLOTTE, FL

Title: SD () Delete
Name: MATSON, MILDRED
Address: 1801 JAMAICA WAY 302
City-St-Zip: PUNTA GORDA, FL

Title: TS () Delete
Name: TRUMPEY, AUDREA S
Address: 1801 JAMAICA WAY #221
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: MATSON, ROBERT
Address: 1801 JAMAICA WAY 222
City-St-Zip: PT CHARLOTTE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: NONE () Change (X) Addition
Name: ROBERT, BULTER
Address: 1801 JAMACIA WAY
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREA N. TRUMPY

SEC

02/17/2009

Electronic Signature of Signing Officer or Director

Date