

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N31871

1. Entity Name
ISLAND DUNES OCEANSIDE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8800 S. OCEAN DR., UNIT 410
 JENSEN BEACH, FL 34957**

Mailing Address
**8800 S. OCEAN DR., UNIT 410
 JENSEN BEACH, FL 34957**



07112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **85-0142129** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT FRISA
 8800 S OCEAN DR
 JENSEN BEACH, FL 34957**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME BURGER, LOIS
 STREET ADDRESS 8800 S OCEAN DR
 CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE VD
 NAME FERZO, VINNY
 STREET ADDRESS 8800 S OCEAN DR
 CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE TD
 NAME DYNKE, JOHN
 STREET ADDRESS 8800 S OCEAN DR
 CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE SD
 NAME ZIMMERMAN, DOUG
 STREET ADDRESS 8800 S OCEAN DR
 CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE D
 NAME FZISA, BOB
 STREET ADDRESS 8800 S. OCEAN DR., #1003
 CITY-ST-ZIP JENSEN BEACH, FL

TITLE DM
 NAME MCINTYRE, THOMAS
 STREET ADDRESS 8800 S OCEAN DR #102
 CITY-ST-ZIP JENSEN BEACH, FL 34957

U00000166511
 07/15/04-80011-017 61.25

**DO NOT WRITE
 IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/04