

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90298 022 ****61.25

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

50051117

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



01142005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent
Name
LORRAINE A. FORTE
Street Address (P.O. Box Number is Not Acceptable)
111 SE FORESTAL HWY
Suite 100
City
STUART
FL Zip Code
34994

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 LORRAINE A. FORTE (NOTE: Registered Agent signature required when reinstating) DATE 7/4/05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 BURGER, LOIS 8800 S OCEAN DR JENSEN BEACH, FL 34957 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schumacher, Sydney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8800 S. OCEAN Dr #618 Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERZO, VINNY <input checked="" type="checkbox"/> Delete 8800 S OCEAN DR JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cleran, Edward <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8800 S. OCEAN Dr. #708 Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DYNKE, JOHN <input type="checkbox"/> Delete 8800 S OCEAN DR JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DYKE, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8800 S. OCEAN Dr. #1105 Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIMMERMAN, DOUG <input type="checkbox"/> Delete 8800 S OCEAN DR JENSEN BEACH, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FZISA, BOB <input checked="" type="checkbox"/> Delete 8800 S. OCEAN DR., #1003 JENSEN BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ott, Joe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8800 S. OCEAN Dr #904 Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM MCINTYRE, THOMAS <input checked="" type="checkbox"/> Delete 8800 S OCEAN DR #102 JENSEN BEACH, FL 34957	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.

SIGNATURE: Sydney C. Schumacher Date 3/11/05 Daytime Phone # 772-229-5261