

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90110 004 \*\*\*\*61.25

**DOCUMENT # N31871**

1. Entity Name

ISLAND DUNES OCEANSIDE II CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8800 S. OCEAN DR.  
JENSEN BEACH FL 34957

8800 S. OCEAN DR.,  
JENSEN BEACH FL 34957



2. Principal Place of Business - No P.O. Box #

8800 S. Ocean DR.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

Jensen Beach, FL.

City & State

Same

4. FEI Number

85-0142129

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

Same

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIAN REAM  
8800 SO OCEAN DR  
COA OFFICE  
JENSEN BEACH FL 34957

Name GERRY JACKSON CPA

Street Address (P.O. Box Number is Not Acceptable)  
150 SW Chamber Court Suite 202

City BOH ST. Lucie

FL

Zip Code 34986

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REAM, MARIAN	
STREET ADDRESS	8800 S OCEAN DR, # 1003	
CITY- ST- ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PAOLETTI, FRED	
STREET ADDRESS	8800 S OCEAN DR, # 1404	
CITY- ST- ZIP	JENSEN BEACH FL 34957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REAM, CHARLES	
STREET ADDRESS	8800 S OCEAN DR, # 1003	
CITY- ST- ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, DOUG	
STREET ADDRESS	8800 S OCEAN DR	
CITY- ST- ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FORBAUGH, JOHN	
STREET ADDRESS	8800 S OCEAN DR, # 401	
CITY- ST- ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ream, Charles - DR.	
STREET ADDRESS	8800 S. Ocean DR. 1003	
CITY- ST- ZIP	Jensen Beach, FL 34957	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hemperley, ASA MR.	
STREET ADDRESS	8800 S. Ocean DR. 405	
CITY- ST- ZIP	Jensen Beach, FL. 34957	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAM, Marian. DR.	
STREET ADDRESS	8800 S. Ocean DR. 1003	
CITY- ST- ZIP	Jensen Beach, FL. 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferro, Charles. MR.	
STREET ADDRESS	8800 S. Ocean DR. 802	
CITY- ST- ZIP	Jensen Beach, FL 34957	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALDWELL, Adele	
STREET ADDRESS	8800 S. Ocean DR # 810	
CITY- ST- ZIP	Jensen Beach, FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

772-229-5550

Date

Daytime Phone #