

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90406 027 ****61.25

DOCUMENT # N36207

1. Entity Name
MAINSAIL II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1315 MAINSAIL DR.
NAPLES, FL 34114 US**

Mailing Address
**PO BOX 1195
MARCO, FL 34146**



03312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0167453

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRESSEL, JAMIE
1104 W. COLLIER BLVD.
MARCO ISLAND, FL 34145**

**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 May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	COLE, EARL
STREET ADDRESS	202 BODY'S NECK ROAD
CITY-ST-ZIP	CHESTER, MD 21619
TITLE	STD
NAME	SZEDELY, NICK
STREET ADDRESS	1325 MAINSAIL DRIVE, #1215
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	PD
NAME	NOBLE, BOB
STREET ADDRESS	1325 MAINSAIL DR #1202
CITY-ST-ZIP	NAPLES, FL 34114

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Noble*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Date

Daytime Phone #