


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

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90090 037 ****70.00

DOCUMENT # N38581	
1. Entity Name PINE LAKES HOMEOWNERS ASSOCIATION II, INC.	

Principal Place of Business 19427 SADDLE BROOK CT. NORTH FORT MYERS FL 33903 US	Mailing Address 19427 SADDLE BROOK CT. NORTH FORT MYERS FL 33903 US
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2. Principal Place of Business - No P.O. Box # 19427	3. Mailing Address 19427
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0225407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNADT, ROBERT B ESQ 1714 CAPE CORAL PRKWY CAPE CORAL FL 33904	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
Zip Code	

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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME CICCONI, JOSEPH STREET ADDRESS 10810 MOSS CREEK CT CITY ST ZIP NORTH FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete	Treas NAME DUANE W SCHMIDT STREET ADDRESS 19427 SADDLE BROOK CT CITY ST ZIP N. FORT MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V NAME MYLAN, ALEX STREET ADDRESS 10910 LAKE LOOP RD CITY ST ZIP NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete	Pres NAME JOE LANCELOT STREET ADDRESS 19867 GATOR CREEK CT CITY ST ZIP N. FORT MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME HALE, JUDY STREET ADDRESS 10838 MOSS CREEK CT CITY ST ZIP NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete	Sec NAME [Blank] STREET ADDRESS [Blank] CITY ST ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME MORRIS, ROBERT STREET ADDRESS 10831 MOSS CREEK CT CITY ST ZIP NORTH FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete	V.P. NAME [Blank] STREET ADDRESS [Blank] CITY ST ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Blank]	<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Blank]	<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Duane W Schmidt Duane W. Schmidt 3-1-07 235-543-8132