2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# N38581

Entity Name: PINE LAKES HOMEOWNERS ASSOCIATION II, INC.

Current Principal Place of Business:

19427 SADDLE BROOK CT.
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

19427 SADDLE BROOK CT.
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0225407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNADT, ROBERT B ESQ
1714 CAPE CORAL PRKWY
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	SCHMIDT, DUANE W	
Address:	19427 SADDLE BROOK CT.	
City-St-Zip:	NORTH FORT MYERS, FL 33903	
Title:	P	( ) Delete
Name:	MYLAN, ALEC	
Address:	10910 LAKE LOOP RD	
City-St-Zip:	NORTH FORT MYERS, FL 33903	
Title:	S	( ) Delete
Name:	HALE, JUDY	
Address:	10838 MOSS CREEK CT	
City-St-Zip:	NORTH FORT MYERS, FL 33903	
Title:	V	( ) Delete
Name:	LANCELLOT, JOE	
Address:	19867 GATOR CREEK CT.	
City-St-Zip:	NORTH FORT MYERS, FL 33903	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	STRAUCH, MARGE	
Address:	19462 SADDEBROOK CT.	
City-St-Zip:	NORTH FORT MYERS, FL 33903	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE W. SCHMIDT T 02/07/2009

Electronic Signature of Signing Officer or Director — Date