


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90243 042 \*\*\*\*61.25

<b>DOCUMENT # N50675</b> 1. Entity Name <b>WORTHINGTON VILLAS ASSOCIATION II, INC.</b>					
Principal Place of Business <b>13550 WORTHINGTON WAY</b> <b>BONITA SPRINGS, FL 34135 US</b>			Mailing Address <b>13550 WORTHINGTON WAY</b> <b>BONITA SPRINGS, FL 34135 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0355543</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MANKOWSKY, PAUL</b> <b>13500 WORTHINGTON WAY</b> <b>BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACGEORGE, TOM <input type="checkbox"/> Delete 13691 SOUTHAMPTON DRIVE BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DOWD, THOMAS <input type="checkbox"/> Delete 13461 SOUTHAMPTON DR BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GABRIEL, GORDON <input type="checkbox"/> Delete 13740 SOUTHAMPTON DR BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
DVS MACGEORGE, TOM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13691 SOUTHAMPTON DRIVE BONITA SPRINGS, FL 34135					
DP DOWD, THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13461 SOUTHAMPTON DRIVE BONITA SPRINGS, FL 34135					
DVT GABRIEL, GORDON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13740 SOUTHAMPTON DRIVE BONITA SPRINGS, FL 34135					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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 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.					
<b>SIGNATURE:</b> _____ <b>3/4/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					