

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50676

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** WORTHINGTON SINGLE FAMILY HOMES ASSOCIATION II, INC.

**Current Principal Place of Business:**

13500 WORTHINGTON WAY  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

13550 WORTHINGTON WAY  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

13550 WORTHINGTON WAY  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

FEI Number: 65-0355546      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANKOWSKY, PAUL  
13500 WORTHINGTON WAY  
BONITA SPRINGS, FL 34135 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: DP ( ) Delete  
Name: RUDD, PETER  
Address: 13870 TONBRIDGE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT ( ) Delete  
Name: MUSTIAN, DAVID  
Address: 13850 TONBRIDGE CT.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS ( ) Delete  
Name: FARBER, ROBERT  
Address: 13891 TONBRIDGE CT  
City-St-Zip: BONITA SPRINGS, FL 34135

**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:

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: PETER RUDD

DP

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date