
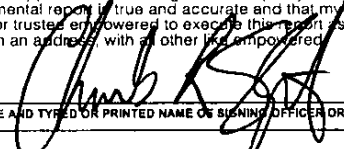


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90390 009 ****61.25

DOCUMENT # N93000001108 1. Entity Name COLONY POINTE II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 100 SANIBEL, FL 33957 US			Mailing Address ISLAND MGMT PO BOX 100 SANIBEL, FL 33957		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01172008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0437338				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKESY, STEVEN J 711 TARPON BAY RD SANIBEL, FL 33957				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STIRZEL, CHARLES		NAME	Adler, Susan	
STREET ADDRESS	7564 CAMERON CIR		STREET ADDRESS	7830 CAMERON Circle	
CITY - ST - ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP	Ft Myers FL 339	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARCEAU, CHANEL		NAME	Iskander, ISAAC	
STREET ADDRESS	7898 CAMERON CIR		STREET ADDRESS	7699 CAMERON Circle	
CITY - ST - ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP	Ft Myers FL 33912	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRANSWORTH, MARK		NAME	RAY, LAURA	
STREET ADDRESS	7548 CAMERON CIR		STREET ADDRESS	7163 CAMERON Circle	
CITY - ST - ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP	Ft Myers FL 33912	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KONKEL, RICHARD		NAME	JOHNSON, STEVE	
STREET ADDRESS	13791 SILVER LAKE CT		STREET ADDRESS	7806 CAMERON CIR	
CITY - ST - ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, STEVE		NAME	SKRUTSKI, RON	
STREET ADDRESS	7806 CAMERON CIR		STREET ADDRESS	7687 CAMERON CIR	
CITY - ST - ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP	FORT MYERS, FL 33912	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKRUTSKI, RON		NAME		
STREET ADDRESS	7687 CAMERON CIR		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 33912		CITY - ST - ZIP		
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 information.					
SIGNATURE: 			Date 4/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 239.822.0789		