

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90017 022 ****61.25

DOCUMENT # N93000001981 1. Entity Name COURTYARD LANDINGS II CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business C/O BENSON'S, INC. 12650 WHITEHALL DRIVE FT. MYERS, FL 33907				Mailing Address C/O BENSON'S, INC. 12650 WHITEHALL DRIVE FT. MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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 MORELLO, RONALD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS	1304 ISLAMORADA BLVD			STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955			CITY-ST-ZIP		
TITLE	STD GALPIN, JUDY <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS	1506 ISLAMORADA BLVD			STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955			CITY-ST-ZIP		
TITLE	D WOLFREY, LARRY <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS	1204 ISLAMORADA BLVD			STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955			CITY-ST-ZIP		
TITLE	VD SPURLOCK, GLENN <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS	1504 ISLAMORADA BLVD.			STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955			CITY-ST-ZIP		
TITLE	D SULLIVAN, GEORGE <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS	1410 ISLAMORADA BLVD			STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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 like empowered.						
SIGNATURE: <i>Ronald R. Morello</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>1/25/08</i>		
				Daytime Phone: <i>(941) 505-8134</i>		