

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001309

FILED
Jan 06, 2007
Secretary of State

Entity Name: THE PALMTATION II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1004 SW 48TH TERRACE
#103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

1004 SW 48TH TERRACE
#103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 65-0567732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOELDER, JAY
1004 SW 48TH TERRACE
UNIT #103
CAPE CORAL, FL 33914 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: SADOWSKI, GENE
Address: 3737 FALCONER KIMBALL STAND ROAD
City-St-Zip: FALCONER, NY 14733

Title: DS () Delete
Name: BREWSTER, LARRY
Address: P.O. BOX 963
City-St-Zip: BRUNSWICK, OH 44212

Title: DV () Delete
Name: VITEK, TOM
Address: 1004 SW 48TH TERRACE, #201
City-St-Zip: CAPE CORAL, FL 33914 US

Title: DT () Delete
Name: DOEDLER, JAY
Address: 1004 SW 48TH TERRACE, #103
City-St-Zip: CAPE CORAL, FL 33914 US

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAY DOELDER

DT

01/06/2007

Electronic Signature of Signing Officer or Director

Date