

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001309

**FILED**  
**Jan 11, 2011**  
**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  
Name: SADOWSKI, GENE  
Address: 3737 FALCONER KIMBALL STAND ROAD  
City-St-Zip: FALCONER, NY 14733

Title: DS  
Name: BREWSTER, LARRY  
Address: 1004 SW 48TH. TERRACE #102  
City-St-Zip: CAPE CORAL, FL 33914

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAY L. DOELDER

DT

01/11/2011

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

\_\_\_\_\_  
Date