


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005365 1. Entity Name ISLE OF BALI II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 17777 BALI BLVD WINTER GARDEN, FL 32787	Mailing Address 8680 COMMODITY CIRCLE ORLANDO, FL 32819 US
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3316072	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KORSHAK, STEPHEN D 8680 COMMODITY CIRCLE SUITE 101 ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
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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.

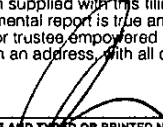
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000591985 01/19/07-80044-014 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELCH, JOHN SR 8680 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ERFURTH, CARY J 8680 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, NANCY 8680 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JOHN 8680 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS, RICHARD 8680 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **1/16/07** **(407) 859-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #