2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N94000005365

Entity Name: ISLE OF BALI II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17777 BALI BLVD
WINTER GARDEN, FL 32787

New Principal Place of Business:

17777 BALI BLVD
WINTER GARDEN, FL 34787

Current Mailing Address:

8680 COMMODITY CIRCLE
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3316072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KORSHAK, STEPHEN D
8680 COMMODITY CIRCLE
SUITE 101
ORLANDO, FL 32819 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: WELCH, JOHN SR
Address: 8680 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: DST ( ) Delete
Name: ERFURTH, CARY J
Address: 8680 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: SANDERS, NANCY
Address: 8680 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: CAMPBELL, JOHN
Address: 8680 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: DV ( ) Delete
Name: THOMAS, RICHARD
Address: 8680 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: GOULD, PAMELA
Address: 8680 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

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 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: CARY J. ERFURTH DST 01/22/2009
Electronic Signature of Signing Officer or Director — Date