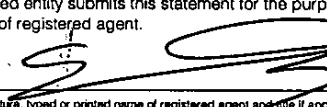



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90241 029 \*\*\*\*61.25

<b>DOCUMENT # N95000002035</b>					
<b>1. Entity Name</b> THE HERON AT THE SANCTUARY II CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US			<b>Mailing Address</b> C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957 US		
<b>2. Principal Place of Business</b> C/O Island Management Group		<b>3. Mailing Address</b> C/O Island Management Group			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2184500	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> PAPPAS, CAROL ISLAND REALTY & MANAGEMENT PO BOX 100 703 TARPON BAY ROAD FORT MYERS, FL 33957			<b>7. Name and Address of New Registered Agent</b> Name: Steven J Mackesy Street Address (P.O. Box Number is Not Acceptable): C/O Island Management Group PO Box 100 - 711 Tarpon Bay Road City: Sanibel FL Zip Code: 33957		
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:  Steven Mackesy 4/11/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PD</b> <b>CARNEY, LEILANI</b> 5669 BALTUSREL CT., 11B SANIBEL, FL		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VD</b> <b>CLARK, JON</b> 5669 BALTUSROL CT., 1-1A SANIBEL, FL 33957		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>STD</b> <b>WILSON, ROBERT LEE</b> 5675 BALTUSROL CT. SANIBEL, FL 33957		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VD</b> <b>Benno Benninga</b> 5675 Baltusrol Ct 2-3B Sanibel FL 33957	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  3-23-05 239-472-6689 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					