


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90091 016 ****61.25

DOCUMENT # N95000005518 1. Entity Name OSTEGO BAY II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 253 LENELL RD FT MYERS, FL 33931 US			Mailing Address 27800 OLD 41 RD BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0624396	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>[Signature]</i></u> DATE <u>4/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD PETERSON, JOEL 271-3 LENELL RD FT. MYERS BEACH, FL 33931	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DV ANDREWS, JOEY P.O. BOX 739 SAINT JOSEPH, MI 490850739	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DT HOLISKI, MARIA 65207 WIEBADEN WIESBADEN GERMANY, GR 65207	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DS BROWN, BILLY 271-2 LENELL ROAD FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D JOYNT, BOB 221-4 LENELL ROAD FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	JENNIFER FELT				
STREET ADDRESS	181-2 LENELL RD				
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931				
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	ROSEMARY MAZZOLA				
STREET ADDRESS	3153 J PRINCETON				
CITY-ST-ZIP	CHICAGO, ILLINOIS 60616				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u><i>[Signature]</i></u> DATE <u>4/28/07</u> 239 947 4552 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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