
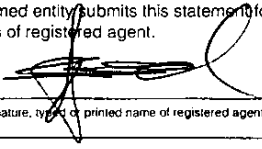
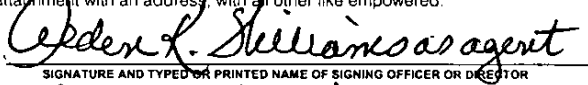


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90071 028 \*\*\*\*61.25

<b>DOCUMENT # N95000005518</b> 1. Entity Name <b>OSTEGO BAY II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <del>253 LENELL RD.</del> <b>FT MYERS, FL 33931 US</b>			Mailing Address <del>27800 OLD 41 RD</del> <b>BONITA SPRINGS, FL 34135 US</b>		
2. Principal Place of Business - No P.O. Box # <b>27180 Bay Landings Dr</b>		3. Mailing Address <b>27180 BAYLANDINGS DR.</b>			
Suite, Apt. #, etc. <b>4</b>		Suite, Apt. #, etc. <b>Suite 4</b>			
City & State <b>Bonita Springs FL</b>		City & State <b>BONITA SPRINGS</b>		4. FEI Number <b>65-0624396</b>	
Zip <b>34135</b>		Country <b>USA</b>		Zip <b>34135</b>	
Country <b>USA</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STERLING PROPERTY SERVICES</b> <del>27800 OLD 41 RD</del> <b>BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>27180 BAYLANDING DRIVE</b> <b>Suite 4</b> City <b>Bonita Springs</b> <b>FL</b> Zip Code <b>34135</b>	
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 				DATE <b>4/18/08</b>	
Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, JOEL 271-3 LENELL RD FT. MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EILEEN VOTAVA 1584 ORCHARD CIRCLE NAPERVILLE, IL 60565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, JOEY P.O. BOX 739 SAINT JOSEPH, MI 490850739	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JAMES KYLE 612 BANNING AVENUE NORTHFIELD, NJ 08225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HOLISKI, MARIA 65207 WIEBADEN WIESBADEN GERMANY, GR 65207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	THOMAS ANSTATT 248 ST. LOUIS DRIVE OWENSVILLE OH 45160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FELT, JENNIFER 181-2 LENELL RD. FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MAZZOLA, ROSEMARY 3153 PRINGSTON CHICAGO, IL 60616	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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:  <b>3/26/08 239 947-4552</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ALDEN K. WILLIAMS</b>					