


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # N97000001057 (5)
1. Corporation Name
ISLAND CROSSINGS II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 555 WINDERLEY PLACE, SUITE 420 MAITLAND FL 32751	Mailing Address 555 WINDERLEY PLACE, SUITE 420 MAITLAND FL 32751
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

3. Date Incorporated or Qualified 02/20/1997	
4. FEI Number 59-3437857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**RUSHNELL, DEVON
555 WINDERLEY PLACE, SUITE 420
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name Richard Wrenn	
82 Street Address (P.O. Box Number is Not Acceptable) All Around Condo	
83 406 Avenue B	
84 City Melbourne Beach	85 Zip Code FL 32951

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Richard Wrenn** DATE **4/15/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	RUSHNELL, DEVON
STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D <input type="checkbox"/> DELETE
NAME	CUPP, CHRISTIN
STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PARATORE, LOU
STREET ADDRESS	555 WINDERLEY PLACE, SUITE 420
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Deyloff, Misty <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	555 Winderley Place, Suite 420
3.3 STREET ADDRESS	Maitland, FL 32751
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/15/98 (407) 628-1313**

CR2E037 (10/97)