

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90061 007 ****61.25

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1. Entity Name



ILLUMINATIONS II OWNERS ASSN., INC.

Principal Place of Business

Mailing Address

100 SW 75TH ST, STE 205
GAINESVILLE FL 32607

100 SW 75TH ST, STE 205
GAINESVILLE FL 32607

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3487463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUGH, MERRILL
100 SW 75TH STREET, STE 205
GAINESVILLE FL 32607

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PSTD ☐ Delete
NAME: PUGH, MERRILL
STREET ADDRESS: 100 SW 75TH ST STE 205
CITY ST ZIP: GAINESVILLE FL 32607

TITLE: VD ☐ Delete
NAME: PLA, JOHN
STREET ADDRESS: 100 SW 75TH ST, STE 205
CITY ST ZIP: GAINESVILLE FL 32607

TITLE: PD ☒ Delete
NAME: JOHNSON, CARL L
STREET ADDRESS: 4421 NW 39TH AVE 1-2
CITY ST ZIP: GAINESVILLE FL 32606

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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TITLE: ☐ Change ☐ 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 Section 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:

[Signature]

4/20/07