

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 012 ****61.25

DOCUMENT # N97000006180

1. Entity Name
ILLUMINATIONS II OWNERS ASSN., INC.



Principal Place of Business
100 SW 75TH ST, STE 205
GAINESVILLE, FL 32607

Mailing Address
100 SW 75TH ST, STE 205
GAINESVILLE, FL 32607

60044439



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

500 NW 43rd St.

3. Mailing Address

500 NW 43rd St.

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

04152008 Chg-NP CR2E037 (12/06)

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number
59-3487463

Applied For

Not Applicable

Zip 32607

Country USA

Zip 32607

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Cornerstone Property Solutions of N. Central FL.

Street Address (P.O. Box Number Not Acceptable)

500 NW 43rd St.

Suite 3

City Gainesville

FL

Zip Code 32607

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME PUGH, MERRILL
STREET ADDRESS 100 SW 75TH ST STE 205
CITY-ST-ZIP GAINESVILLE, FL 32607 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #