

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000512

FILED
Feb 25, 2009
Secretary of State

Entity Name: SPELLBINDER VILLAS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1155 4TH ST. SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

800 SEAGATE DRIVE
SUITE 202
NAPLES, FL 34003

New Mailing Address:

FEI Number: 59-3521612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMPSON, STUART A ESQ.
2272 AIRPORT RD SUITE 101
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BINDER, BURTON A
Address: 1155 4TH ST SOUTH
City-St-Zip: NAPLES, FL 34102

Title: PD (X) Delete
Name: BINDER, JEANNE E
Address: 1155 4TH ST SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: CLARK, SHARON
Address: 413 BROAD AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SHAFMASTER, MICHELLE
Address: PO BOX 2075
City-St-Zip: NEW CASTLE, NH 03854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BINDER, JEANNE A
Address: 1155 4TH ST SOUTH
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. LONGSTRETH, SPIRES & ASSOC., INC.

ACCT

02/25/2009

Electronic Signature of Signing Officer or Director

Date