

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000000850 1. Entity Name RADISON II CONDOMINIUM ASSOCIATION, INC.			<div style="text-align: center;"> FILED 08 SEP 22 PM 2:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>
Principal Place of Business STERLING MGMT. 1904 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573		Mailing Address 1701-B RICKENBACKER DRIVE 723 IMAR DR SUN CITY CENTER, FL 33573	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573	
4. FEI Number 59-3525271		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES R DE FURIO, P.A. 201 E KENNEDY BLVD STE 1460 TAMPA, FL 33602		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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: D NAME: LEO, FEX <input checked="" type="checkbox"/> Delete STREET ADDRESS: 1010 RADISON LAKE CR. CITY-ST-ZIP: SUN CITY CENTER, FL 33573	TITLE: TD NAME: McALLISTER, NEIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 1231 RADISON AVE. CITY-ST-ZIP: SUN CITY CENTER FL 33573	TITLE: D NAME: GREENWOOD, RON <input type="checkbox"/> Delete STREET ADDRESS: 1224 RADISON AVE CITY-ST-ZIP: SUN CITY CENTER, FL 33573	TITLE: VPSD NAME: JACOBSEN, JOAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 1234 RADISON AVE. CITY-ST-ZIP: SUN CITY CENTER FL 33573
TITLE: TD NAME: MAYER, BOB <input checked="" type="checkbox"/> Delete STREET ADDRESS: 1233 RADISON AVE. CITY-ST-ZIP: SUN CITY CENTER, FL 33573	TITLE: D NAME: HEADLEY, MARILYN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 1243 RADISON AVE CITY-ST-ZIP: SUN CITY CENTER FL 33573	TITLE: SD NAME: JACOBSON, JOAN <input checked="" type="checkbox"/> Delete STREET ADDRESS: 1236 RADISON AVE. CITY-ST-ZIP: SUN CITY CENTER, FL 33573	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: PD NAME: STEVENSON, CLIFFORD <input type="checkbox"/> Delete STREET ADDRESS: 1221 RADISON AVE CITY-ST-ZIP: SUN CITY CENTER, FL 33573	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Joan B. Jacobson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>9/18/08</i> <small>Date</small>	

9/22/08