

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000000850

1. Entity Name
RADISON II CONDOMINIUM ASSOCIATION, INC.



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 #

3. Mailing Address

Suite, Apt. #, etc.

Sterling Management
1904 Clubhouse Drive
Sun City Center, FL 33573

City & State

Zip

Country

09182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3525271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAW OFFICES OF JAMES R DE FURIO, P.A.
201 E KENNEDY BLVD STE 1460
TAMPA, FL 33602

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 reinstating)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME LEO, FEX
STREET ADDRESS 1010 RADISON LAKE CR.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD ☐ Change ☒ Addition
NAME MCALLISTER, NEIL
STREET ADDRESS 1231 RADISON AVE.
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE D ☐ Delete
NAME GREENWOOD, RON
STREET ADDRESS 1224 RADISON AVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VPSD ☒ Change ☐ Addition
NAME JACOBSEN, JOAN
STREET ADDRESS 1234 RADISON AVE.
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE TD ☒ Delete
NAME MAYER, BOB
STREET ADDRESS 1233 RADISON AVE.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D ☐ Change ☒ Addition
NAME HEADLEY, MARILYN
STREET ADDRESS 1243 RADISON AVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE SD ☒ Delete
NAME JACOBSON, JOAN
STREET ADDRESS 1236 RADISON AVE.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☐ Addition
NAME 000136307100
STREET ADDRESS 09/24/08--01035--001 **\$61.25
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME STEVENSON, CLIFFORD
STREET ADDRESS 1221 RADISON AVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #

FILED

08 SEP 22 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/22/08