2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005
Secretary of State

DOCUMENT# N99000001849

Entity Name: THE VILLAS II AT LAKEMONT ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 65-0909741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 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: PTD ( ) Delete
Name: RIORDAN, ROBERT L
Address: 10375 WHITE PALM WAY
City-St-Zip: FORT MYERS, FL 33912

Title: VPD ( ) Delete
Name: DONALDSON, DAVID
Address: 10380 WHITE PALM WAY
City-St-Zip: FORT MYERS, FL 33912

Title: SD ( ) Delete
Name: MCCARTY, GEORGE
Address: 10361 WHITE PALM WAY
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DONALDSON, DAVID
Address: 13080 WHITE PALM WAY
City-St-Zip: FORT MYERS, FL 33912

Title: VPD (X) Change ( ) Addition
Name: JOHNSON, FRANCES
Address: 10374 WHITE PALM WAY
City-St-Zip: FORT MYERS, FL 33912

Title: STD (X) Change ( ) Addition
Name: MCCARTY, GEORGE
Address: 10361 WHITE PALM WAY
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID DONALDSON PD 04/06/2005

Electronic Signature of Signing Officer or Director — Date