2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002611

FILED Apr 28, 2009 Secretary of State

Entity Name: DRIFTWOOD PLAZA PHASE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3830 HWY A1A S UNIT 12

MELBOURNE BEACH, FL 32951

Current Mailing Address: New Mailing Address:

3830 HWY A1A S

MELBOURNE BEACH, FL 32951

FEI Number: 59-3584852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REYNOLDS, DR. BRETT HOFFMAN, ANGELIA 3830 HWY A1A UNIT 12 3830 HWY A1A UNIT 12

MELBOURNE BEACH, FL 32951 US MELBOURNE BEACH, FL 32951 US

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: ANGELIA HOFFMAN 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 BRETT, REYNOLDS
 Name:
 HOFFMAN, ANGELIA

 Address:
 3830 HWY A1A UNIT 2 AND 3
 Address:
 3830 HWY A1A UNIT 10

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD () Delete Title: () Change () Addition

Name: WOODIE, FRED Name:

Address: 3830 HWY A1A UNIT 4 Address: City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 REYNOLDS, DR. BRETT
 Name:

 Address:
 3830 HWY A1A UNIT 11
 Address:

 City-St-Zip:
 MELBOURNE BEACH, FL 32951
 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: ANGELIA HOFFMAN P 04/28/2009