

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P01000119515**

1. Entity Name  
**VANGUARD REALTY GROUP II, INC.**



Principal Place of Business

**1200 PORT LN  
SARASOTA, FL 34242**

Mailing Address

**1200 PORT LN  
SARASOTA, FL 34242**



04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1437233**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILONAS, TASO M  
1800 SECOND ST STE 884  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000514157

04/29/06 00168-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GENERALOVICH, NICK
STREET ADDRESS	1200 PORT LN
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	VEIT, JAMES
STREET ADDRESS	9005 HUNTINGTON PT DR
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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

4/11/2006

Date

941 739-9974

Daytime Phone #