### 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000001057

Entity Name: ISLAND CROSSINGS II HOMEOWNERS ASSOCIATION, INC.

**FILED** May 31, 2024 Secretary of State 8124190458CC

#### **Current Principal Place of Business:**

375 S COURTENAY PARKWAY, SUITE 8

MERRITT ISLAND, FL 32953

# **Current Mailing Address:**

375 S COURTENAY PARKWAY, SUITE 8 MERRITT ISLAND, FL 32953 US

FEI Number: 59-3437857 Certificate of Status Desired: No

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

SOLUTIONS PROPERTY MANAGEMENT, LLC 375 S COURTENAY PARKWAY, SUITE 8 MERRITT ISLAND, FL 32953 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: MICHELLE COMBS 05/31/2024

Title

Electronic Signature of Registered Agent

Date

# Officer/Director Detail:

Title

Name

City-State-Zip:

Title PRESIDENT, DIRECTOR Title VP. DIRECTOR Name KINGSLEY, DIANE Name SLAVIN, EDWARD

2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000 Address City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Name KINGSLEY, MARK DOWNS, LISA Name

2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000 Address LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR

KOSA, LASZLO Address 2180 WEST SR 434 STE 5000

SECRETARY, DIRECTOR

City-State-Zip: LONGWOOD FL 32779

I hereby 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 all other like empowered.

SIGNATURE: DIANE KINGSLEY

**PRESIDENT** 

TREASURER, DIRECTOR

05/31/2024