FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000050242 (4)					
i	BAY LAND HOLDINGS II, INC	·			
GOL, L	DAT EARD HOLDINGS II, INC	•		A HARAHARA NIA KRIMI ALBIK BARKI BARKI ABAKI BARK	DI BONG BENGA NEW BIBIA KAN 1881
B : 1 (5)	. 15	M. W. Add			
Principal Place		Mailing Address			
		801 LAUREL OAK DRIVE SUITE 640			
NAPLES FL 34108		NAPLES FL 33963		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
<u> </u>				07/01/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Act	# oto	Suite, Apt. #, etc.		65-0507928	Not Applicable
Suite, Apt.	4, 81C.	27 Suite, Apr. #, etc.	1.1-11	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	suite 110	6. Election Campaign Financing	\$5.00 May Be
 		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 2./ ()	Country	8. This corporation owes or has paid the	
24	25	29 24/00	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WOODWARD, MARK J 801 LAUREL OAK DRIVE SUITE 640 NAPLES FL 34108			81 Name	2 Street Address (P.O. Box Number is Not Acceptable)	
			82 Street		
			83		
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authagent. I am familiar with, and accept the obligations of, Section 607.0505, Florid			os the above-named	cornoration submits this statement for the numo	se of changing its registered
office or re	egistered agent, or both, in the State of	Florida. Such change was a	ulhorized by the corp	poration's board of directors. I hereby accept the	appointment as registered
	іт атіпа жів, ало ассері іне білідан	rons or, section 607. 0 505, mo	rida Statutes.		
SIGNATURE	Signature, typed or product name of registerior agent	and the displicable (NOTE	: Registered Agent signature	required when reinstating) DA	ITE.
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D				
	_	☐ DELETE	1.1 TITLE	VP	Change & Addition
NAME	FERRAO, AUBREY J		1.2 NAME	VP Anthony D i Nardo	Change K Addition
STREET ADDRESS	FERRAO, AUBREY J 4001 TAMIAMI TRAIL NORTH, S		1.2 NAME 1.3 STREET ADDRESS	VP	Change K Addition
STREET ADDRESS CITY-ST-ZIP	FERRAO, AUBREY J 4001 TAMIAMI TRAIL NORTH, S NAPLES FL	SUITE 350	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VP Anthony DiNardo 4001 Tamiami Trail North	Change K Addition
STREET ADDRESS CITY-ST-ZIP TITLE	FERRAO, AUBREY J 4001 TAMIAMI TRAIL NORTH, S NAPLES FL D		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	VP Anthony DiNardo 4001 Tamiami Trail North	Change K Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	FERRAO, AUBREY J 4001 TAMIAMI TRAIL NORTH, S NAPLES FL D WOODWARD, MARK J	SUITE 350	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	VP Anthony DiNardo 4001 Tamiami Trail North	Change K Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RERRAO, AUBREY J 4001 TAMIAMI TRAIL NORTH, S NAPLES FL D WOODWARD, MARK J 801 LAUREL OAK DRIVE	SUITE 350	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	VP Anthony DiNardo 4001 Tamiami Trail North	Change K Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	FERRAO, AUBREY J 4001 TAMIAMI TRAIL NORTH, S NAPLES FL D WOODWARD, MARK J	SUITE 350	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	VP Anthony DiNardo 4001 Tamiami Trail North	Change K Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERRAO, AUBREY J 4001 TAMIAMI TRAIL NORTH, S NAPLES FL D WOODWARD, MARK J 801 LAUREL OAK DRIVE NAPLES FL VP	SUITE 350	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP Anthony DiNardo 4001 Tamiami Trail North	Change K Addition Sulte 350 Change Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 19 1998 8:00am

Secretary of State