

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Korthane Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 761307 (8)			
1. Corporation Name CORAL BAYVIEW II CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 CORAL BAYVIEW II Suite, Apt. #, etc. 22 1512 W. CAPE CORAL PKWY. City & State 23 CAPE CORAL, FL Zip 24 33914		2a. Mailing Address 26 CORAL BAYVIEW II Suite, Apt. #, etc. 27 1512 W. CAPE CORAL PKWY #106 City & State 28 CAPE CORAL, FL Zip 29 33914	
3. Date Incorporated or Qualified 12/29/81		3a. Date of Last Report 05/01/96	
4. FEI Number 59-225 1268		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent Ring Realty, Inc. 6325-B Del Prado Blvd. Cape Coral FL 33990		10. Name and Address of New Registered Agent 81 Name Patricia Sideravage 82 Street Address (P.O. Box Number is Not Acceptable) 1512 Cape Coral Pkwy #105 83 84 City Cape Coral FL 85 Zip Code 33914	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE Patricia Sideravage <i>Patricia Sideravage - Treas/Dir 4/4/97</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE NAME Tremati, Louis STREET ADDRESS 187 Kuhn Rd CITY-ST-ZIP Roch N.Y.		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Res/Dir STREET ADDRESS Raymond Clark CITY-ST-ZIP 1512 W. Cape Coral Pkwy #106 Cape Coral, FL 33914	
2.1 TITLE <input type="checkbox"/> DELETE NAME Beckman, Patricia STREET ADDRESS 3748 SW 1st Place CITY-ST-ZIP Cape Coral FL 33914		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Vice Pres/Dir STREET ADDRESS James Kluter, Sr CITY-ST-ZIP 6389 Brecksville Rd Independence, OH 44131	
3.1 TITLE <input type="checkbox"/> DELETE NAME Pallumbo Anthony STREET ADDRESS 1512 W. Cape Coral Pkwy #105 CITY-ST-ZIP Cape Coral FL 33914		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Patricia Sideravage STREET ADDRESS 1512 W. Cape Coral Pkwy #105 CITY-ST-ZIP Cape Coral, FL 33914	
4.1 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Raymond Clark** **RAYMOND CLARK** **2/4/97** (941) 540-8966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)