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Jun 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761307 (8)

1. Corporation Name
CORAL BAYVIEW II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CORAL BAYVIEW II 1512 W. CAPE CORAL PKWY., #106 CAPE CORAL FL 33914	Mailing Address CORAL BAYVIEW II 1512 W. CAPE CORAL PKWY., #106 CAPE CORAL FL 33914
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3. Date Incorporated or Qualified 12/29/1981
4. FEI Number 59-2251268
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SIDERAVAGE, PATRICIA
1512 CAPE CORAL PKWY., #105
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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* *Patricia Sideravage* **4-27-98**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, RAYMOND	
STREET ADDRESS	1512 W. CAPE CORAL PKWY., #106	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BECKMAN, PATRICIA	
STREET ADDRESS	3748 SW 1ST PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PALUMBO, ANTHONY	
STREET ADDRESS	1512 W. CAPE CORAL PKWY., #105	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KLUTER, JAMES SR	
STREET ADDRESS	6359 BRECKSVILLE RD.	
CITY-ST-ZIP	INDEPENDENCE OH 44131	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIDERAVAGE, PATRICIA	
STREET ADDRESS	1512 W. CAPE CORAL PKWY., #105	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARK, RAYMOND	
1.3 STREET ADDRESS	1512 W. Cape Coral Pkwy #106	
1.4 CITY-ST-ZIP	Cape Coral, FL 33914	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES, CAHILL	
4.3 STREET ADDRESS	1625 S.E. 47th ST	
4.4 CITY-ST-ZIP	Cape Coral, FL 33904	
5.1 TITLE	SECRETARY/Treasurer - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sideravage, Patricia	
5.3 STREET ADDRESS	1512 Cape Coral Pkwy, #105	
5.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE *Patricia Sideravage* *Patricia Sideravage* **4-27-98** **941-542-7605**

CR2E037 (10/97)