

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 12, 1999 8:00 am**  
**Secretary of State**

08-12-1999 90006 015 \*\*\*\*61.25

**DOCUMENT # 761307**

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

1 100000 0000 0000 0000 0000 0000 0000  
\* 6 8 4 8 7 0 - 9 0 0 0 6 - 1 5 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
**12/29/1981**

4. FEI Number  
**59-2251268**

Applied For  
Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

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

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CLARK, RAYMOND  
STREET ADDRESS 1512 W. CAPE CORAL PKWY., #106  
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ DELETE

TITLE VPD  
NAME CAHILL, JAMES  
STREET ADDRESS 1625 S.E. 47TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ DELETE

TITLE STD  
NAME SIDERAVAGE, PATRICIA  
STREET ADDRESS 1512 CAPE CORAL PARKWAY #105  
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VPD MARIE ROLDAN**  
2.3 STREET ADDRESS **1512 CAPE CORAL PKY #101**  
2.4 CITY-ST-ZIP **CAPE CORAL, FL 33914**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Patricia Sideravage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-99 (941) 458-8272  
Date Daytime Phone #

CR2E037 (5/99)