

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 761307

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



Principal Place of Business
**CORAL BAYVIEW II
1512 W. CAPE CORAL PKWY., #105
CAPE CORAL, FL 33914**

Mailing Address
**CORAL BAYVIEW II
1512 W. CAPE CORAL PKWY., #105
CAPE CORAL, FL 33914**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2251268

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILLON, ANNE 1512 W. CAPE CORAL PKWY., #101 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIDERAVAGE, PATRICIA 1512 CAPE CORAL PARKWAY #105 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLARK, RAYMOND 1512 CAPE CORAL PKY W #106 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

1/4/05 *239 542-4379*
Date Daytime Phone #