

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 761307

FILED
May 21, 2009
Secretary of State

Entity Name: CORAL BAYVIEW II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2251268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SIDERAVAGE, LORI
1512 CAPE CORAL PKWY., #105
CAPE CORAL, FL 33914 US

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.

SIGNATURE: LORI SIDERAVAGE

05/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTLE, ANNE
Address: 1512 W. CAPE CORAL PKWY., #101
City-St-Zip: CAPE CORAL, FL 33914

Title: STD () Delete
Name: SIDERAVAGE, PATRICIA
Address: 1512 CAPE CORAL PARKWAY #105
City-St-Zip: CAPE CORAL, FL 33914

Title: VPD () Delete
Name: CLARK, RAYMOND
Address: 1512 CAPE CORAL PKY W #106
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SIDERAVAGE, LORI
Address: 1512 CAPE CORAL PARKWAY #105
City-St-Zip: CAPE CORAL, FL 33914

Title: VPD (X) Change () Addition
Name: BICKNELL, RAYMOND
Address: 1512 CAPE CORAL PKY W #102
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI SIDERAVAGE

STD

05/21/2009

Electronic Signature of Signing Officer or Director

Date