

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081452

Entity Name: BGC II MANAGEMENT OF NAPLES, INC.**Current Principal Place of Business:**9045 STRADA STELL CT, STE 500
NAPLES, FL 34109**Current Mailing Address:**9045 STRADA STELL CT, STE 500
NAPLES, FL 34109**FEI Number:** 30-0099058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEOD
Name	COLLIER, BARRON GII
Address	9045 STRADA STELL COURT, STE 500

City-State-Zip: NAPLES FL 34109

Title	V
Name	FLOOD, THOMAS J
Address	2550 GOODLETTE-FRANK RD

City-State-Zip: NAPLES FL 34103

Title	V
Name	LENZNER, MICHAEL B
Address	9045 STRADA STELL COURT, STE 500

City-State-Zip: NAPLES FL 34109

Title	PD
Name	THOMAS, WILLIAM E
Address	9045 STRADA STELL COURT, STE 500

City-State-Zip: NAPLES FL 34109

Title	T,S
Name	WALKER, SANDRA D
Address	9045 STRADA STELL COURT, STE 500

City-State-Zip: NAPLES FL 34109

Title	V
Name	COLLIER, THERESA A
Address	9045 STRADA STELL CT, STE 500

City-State-Zip: NAPLES FL 34109

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E. THOMAS

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04/18/2014

Electronic Signature of Signing Officer/Director Detail_____
Date