2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2007
Secretary of State

DOCUMENT# 751226

Entity Name: BAYBERRY II CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

212 MARSEILLE DR. S.
NAPLES, FL 341127146

New Principal Place of Business:

Current Mailing Address:

212 MARSEILLE DR. S.
NAPLES, FL 341127146

New Mailing Address:

224 MARSEILLE DR. S.
NAPLES, FL 341127146

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E
BANK OF AMERICA CENTER
4501 TAMIAMI TRAIL NORTH, SUITE 214
NAPLES, FL 341030000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GANT, THOMPSON
Address: 208 MARSEILLE DR S
City-St-Zip: NAPLES, FL 34112714

Title: P ( ) Delete
Name: LONSDALE, MICHAEL
Address: 232 MARSEILLE DR S
City-St-Zip: NAPLES, FL 34112714

Title: T ( ) Delete
Name: WRIGHT, JUDY
Address: 212 MARSEILLE DRIVE, S.
City-St-Zip: NAPLES, FL 34112714

Title: VP ( ) Delete
Name: BROWN, GEORGE
Address: 236 MARSEILLE DR S
City-St-Zip: NAPLES, FL 34112714

Title: S ( ) Delete
Name: VRETTA, LINDA
Address: 200 MARSEILLE DRIVE S
City-St-Zip: NAPLES, FL 34112714

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: WRIGHT, JUDY
Address: 212 MARSEILLE DRIVE, S.
City-St-Zip: NAPLES, FL 34112714

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

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

Title: T ( ) Change (X) Addition
Name: MCGUIRE, LIZ
Address: 224 MARSEILLE DRIVE SOUTH
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY WRIGHT D 02/03/2007
Electronic Signature of Signing Officer or Director — Date