
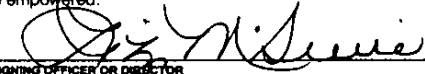


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90019 009 ****61.25

DOCUMENT # 751226 1. Entity Name BAYBERRY II CONDOMINIUM ASSOCIATION INC.			
Principal Place of Business 212 MARSEILLE DR. S. NAPLES, FL 34112-7146		Mailing Address 224 MARSEILLE DR. S. NAPLES, FL 34112-7146	
2. Principal Place of Business - No P.O. Box # 224 MARSEILLE DR. S.		3. Mailing Address Suite, Apt. #, etc.	
City & State Naples, FL		City & State	
Zip 34112-7146		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH E BANK OF AMERICA CENTER 4501 TAMiami TRAIL NORTH, SUITE 214 NAPLES, FL 34103-0000		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Delete NAME GANT, THOMPSON STREET ADDRESS 208 MARSEILLE DR S CITY-ST-ZIP NAPLES, FL 34112714	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Thompson, Donna STREET ADDRESS 208 MARSEILLE DR. S CITY-ST-ZIP Naples, FL 34112		
TITLE P <input type="checkbox"/> Delete NAME LONSDALE, MICHAEL STREET ADDRESS 232 MARSEILLE DR S CITY-ST-ZIP NAPLES, FL 34112714	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input checked="" type="checkbox"/> Delete NAME WRIGHT, JUDY STREET ADDRESS 212 MARSEILLE DRIVE, S. CITY-ST-ZIP NAPLES, FL 34112714	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME BROWN, GEORGE STREET ADDRESS 236 MARSEILLE DR S CITY-ST-ZIP NAPLES, FL 34112714	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S <input type="checkbox"/> Delete NAME VRETTA, LINDA STREET ADDRESS 200 MARSEILLE DRIVE S CITY-ST-ZIP NAPLES, FL 34112714	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T <input type="checkbox"/> Delete NAME MCGUIRE, LIZ STREET ADDRESS 224 MARSEILLE DRIVE SOUTH CITY-ST-ZIP NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Liz McGuire  1-26-08 239-775-1823 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			