

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751226

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** BAYBERRY II CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

224 MARSEILLE DR S  
NAPLES, FL 34112

**New Principal Place of Business:**

224 MARSEILLE DRIVE SOUTH  
NAPLES, FL 34112

**Current Mailing Address:**

224 MARSEILLE DR S  
NAPLES, FL 34112

**New Mailing Address:**

224 MARSEILLE DRIVE SOUTH  
NAPLES, FL 34112

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

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
ATTN: JOSEPH ADAMS  
999 VANDERBILT BEACH RD. SUITE 501  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

BECKER & POLIAKOFF, P.A.  
999 VANDERBILT BEACH RD.  
SUITE 501  
NAPLES, FL 34108 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

02/18/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THOMPSON, DONNA  
Address: 208 MARSEILLE DRIVE SOUTH  
City-St-Zip: NAPLES, FL 34112

Title: P  
Name: LONSDALE, MICHAEL  
Address: 232 MARSEILLE DRIVE SOUTH  
City-St-Zip: NAPLES, FL 34112

Title: VP  
Name: BROWN, GEORGE  
Address: 236 MARSEILLE DRIVE SOUTH  
City-St-Zip: NAPLES, FL 34112

Title: S  
Name: VRETTA, LINDA  
Address: 200 MARSEILLE DRIVE SOUTH  
City-St-Zip: NAPLES, FL 34112

Title: T  
Name: MCGUIRE, LIZ  
Address: 224 MARSEILLE DRIVE SOUTH  
City-St-Zip: NAPLES, FL 34112

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

SIGNATURE: LIZ MCGUIRE, TREASURER

T

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date