FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:48

DOCUMENT # **761307** **(8)**

1. Corporation Name

CORAL BAYVIEW II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% PROFESSIONALLY YOURS, INC.~~ ~~P.O. BOX 931~~ ~~CAPE CORAL FL 33910~~	c/o Louis Tremeti ~~% PROFESSIONALLY YOURS, INC.~~ ~~P.O. BOX 931~~ 187 Kuhn Rd. ~~CAPE CORAL FL 33910~~ Rochester, N.Y 14612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1981	3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2251268	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Louis Tremeti
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 187 Kuhn Rd.
City & State 23	City & State 28 Rochester, N.Y.
Zip 24 / Country 25	Zip 29 14612 / Country 30 USA

9. Name and Address of Current Registered Agent

PROFESSIONALLY YOURS BARBARA INC.
1342 SE 46TH LANE #3
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~FOX, DEBRA~~	12 NAME	Tremeti, Louis	
STREET ADDRESS	~~67 S. CLYDE AVENUE~~	13 STREET ADDRESS	187 Kuhn Rd.	
CITY-ST-ZIP	~~PALATINE IL~~	14 CITY-ST-ZIP	Roch, N.Y 14612	
TITLE	STD	21 TITLE	STD	☒ Change ☐ Addition
NAME	~~TREMETI, LOUIS~~	22 NAME	FOX, Debra	
STREET ADDRESS	~~187 KUHN ROAD~~	23 STREET ADDRESS	67 S. Clyde Ave	
CITY-ST-ZIP	~~ROCHESTER NY~~	24 CITY-ST-ZIP	Palatine, FL	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	BECKMAN, PAT	32 NAME		
STREET ADDRESS	3748 SW 1ST PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louis Tremeti President 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)