FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 761307 (8)

1. Corporation Name
CORAL BAYVIEW II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PROFESSIONALY YOURS. INC. P.O. BOX 831 CAPE CORAL FL 33910	% LOUIS TREMITI 187 KUHN RD ROCHESTER N. 14612 US

3. Date Incorporated or Qualified: 12/29/1981
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business
21 %Ring Realty, Inc.
22 Suite, Apt. #, etc.
23 City & State: Cape Coral, FL
24 Zip: 33990
25 Country: Lee

2a. Mailing Address
26 1325-B Del Prado Blvd.
27 Suite, Apt. #, etc.
28 City & State: Cape Coral, FL
29 Zip: 33990
30 Country: Lee

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: Ring Realty, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1325-B Del Prado Blvd.
83
84 City: Cape Coral, FL 85 Zip Code: 33990

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Vicki Hubbell — Vicki Hubbell, President, Ring Realty, Inc. — 5/31/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	TREMETI LOUIS		12 NAME		
STREET ADDRESS	187 KUHN RD		13 STREET ADDRESS		
CITY-ST-ZIP	ROCH N.		14 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	21 TITLE	STD	☒ Change ☐ Addition
NAME	FOX DEBRA		22 NAME	Patricia Beckman	
STREET ADDRESS	67 S CLYDE AVE		23 STREET ADDRESS	3748 SW 1st Place	
CITY-ST-ZIP	PALATINE FL		24 CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	VD	DELETE	31 TITLE	VD	☒ Change ☐ Addition
NAME	BECKMAN, PAT		32 NAME	Anthony Palumbo	
STREET ADDRESS	3748 SW 1ST PLACE		33 STREET ADDRESS	1512 W. Cape Coral Pkwy. #105	
CITY-ST-ZIP	CAPE CORAL FL		34 CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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)(k), 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 Tremiti — 4/30/96 — 716-781-6968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)