2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 19, 2007 8:00 am
Secretary of State
01-18-2007 90114 011 ****61.25

DOCUMENT # 761307

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

Principal Place of Business	Mailing Address
CORAL BAYVIEW II 1512 W. CAPE CORAL PKWY., #105 CAPE CORAL, FL 33914	CORAL BAYVIEW II 1512 W. CAPE CORAL PKWY., #105 CAPE CORAL, FL 33914

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01132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2251268
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIDERAVAGE, PATRICIA
1512 CAPE CORAL PKWY., #105
CAPE CORAL, FL 33914

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASTLE, ANNE
STREET ADDRESS	1512 W. CAPE CORAL PKWY., #101
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	STD
NAME	SIDERAVAGE, PATRICIA
STREET ADDRESS	1512 CAPE CORAL PARKWAY #105
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	VPD
NAME	CLARK, RAYMOND
STREET ADDRESS	1512 CAPE CORAL PKY W #106
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Patricia Siderava 2/15/07 239-542-4379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #