## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 762131**

FILED Apr 24, 2007 Secretary of State

Entity Name: BAHIA DEL SOL II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:		
P.O. BOX 1767 RUSKIN, FL 33575			806 BAHIA DEL SOL A	-	
110011111,	2 00010		RUSKIN, FL 33575		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX RUSKIN, I					
FEI Number	: 59-2170493	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Co	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
33 NORTI SUITE 960	& POLIAKOFF, I H GARDEN AVE ) ATER, FL 3375:				
	e named entity si e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICER	Electroni S AND DIRECT			Date GES TO OFFICERS AND DIRECTO	
Title: Name: Address:	S AND DIRECT	ORS: Delete . SOL DR			
OFFICER  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	S AND DIRECT PD ( ) I MIZER, BILL 806A BAHIA DEL RUSKIN, FL 338	ORS: Delete . SOL DR	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () I MIZER, BILL 806A BAHIA DEL RUSKIN, FL 335 SD () I BRAND, LOU AN 822-A BAHIA DE RUSKIN, FL 335	ORS: Delete SOL DR TO Delete N L SOL DR TO Delete SOL DR TO Delete A L SOL DR	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	PD () I MIZER, BILL 806A BAHIA DEL RUSKIN, FL 335 SD () I BRAND, LOU AN 822-A BAHIA DE RUSKIN, FL 335 VP () I JOACHIM, LINDO 824D BAHIA DEI RUSKIN, FL 335 RUSKIN, FL 335	ORS: Delete SOL DR TO Delete N L SOL DR TO Delete C SOL DR TO Delete C SOL DR TO Delete S SOL DR TO Delete S SOL DR	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	GES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BILL MIZER P 04/24/2007