

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38450

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: BAYVIEW PROPERTY MANAGEMENT II CORP.

**Current Principal Place of Business:**

500 LOGAN BLVD SOUTH  
NAPLES, FL 34119

**New Principal Place of Business:**

6017 PINE RIDGE RD 241  
NAPLES, FL 34119

**Current Mailing Address:**

500 LOGAN BLVD SOUTH  
NAPLES, FL 34119

**New Mailing Address:**

6017 PINE RIDGE RD 241  
NAPLES, FL 34119

FEI Number: 65-0164005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIGHT, RUSSELL  
500 LOGAN BLVD SOUTH  
NAPLES, FL 34119 US

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

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WRIGHT, RUSSELL  
Address: 500 LOGAN BLVD SOUTH  
City-St-Zip: NAPLES, FL 34119

Title: VPTD (X) Delete  
Name: WRIGHT, LISA  
Address: 500 LOGAN BLVD SO  
City-St-Zip: NAPLES, FL 34119

Title: SD (X) Delete  
Name: WRIGHT, DAVID  
Address: 500 LOGAN BLVD SO  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: RUSSELL WRIGHT

PD

04/13/2009

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

\_\_\_\_\_  
Date