

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004620

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE RESIDENCE II AT NAPLES BAY RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3530 KRAFT ROAD  
SUITE 300  
NAPLES, FL 34105

**New Principal Place of Business:**

3530 KRAFT ROAD  
SUITE 204  
NAPLES, FL 34105

**Current Mailing Address:**

3530 KRAFT ROAD  
SUITE 300  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 20-4759441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HASTINGS, CHERYL L ESQ.  
GRANT,FRIDKIN,PEARSON,ATHAN & CROWN, P.A.  
5551 RIDGEWOOD DRIVE STE 501  
NAPLES, FL 34108 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: YOUNG, ROY A  
Address: 3530 KRAFT ROAD STE 300  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: CARROLL, PETER  
Address: 3450 KRAFT ROAD STE 300  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: THOMAS, CHARLES  
Address: 3530 KRAFT ROAD STE 300  
City-St-Zip: NAPLES, FL 34105

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

Title: P (X) Change ( ) Addition  
Name: ZAND, KAMBIZ  
Address: 3530 KRAFT ROAD STE 204  
City-St-Zip: NAPLES, FL 34105

Title: V (X) Change ( ) Addition  
Name: ZAND, DARIUS  
Address: 3530 KRAFT ROAD STE 204  
City-St-Zip: NAPLES, FL 34105

Title: T (X) Change ( ) Addition  
Name: FRAZITTA, ROBERT  
Address: 3530 KRAFT ROAD STE 204  
City-St-Zip: NAPLES, FL 34105

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: ROBERT FRAZITTA

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04/29/2009

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

\_\_\_\_\_  
Date