

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012013

FILED
Apr 24, 2009
Secretary of State

Entity Name: BAYONNE II PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

409 E. COLLEGE AVE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

PO BOX 1058
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 20-3920480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LOU E
409 E. COLLEGE AVE
RUSKIN, FL 33570 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: DP () Delete
Name: STEPHENS, KEN
Address: 815 REGAL MANOR WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DS () Delete
Name: DICHANCE, RICHARD
Address: 817 REGAL MANOR WY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DT () Delete
Name: DENTON, ROE
Address: 811 REGAL MANOR WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: ZION, SANDRA
Address: 826 REGAL MANOR WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DV () Delete
Name: BRAINARD, CLIFFORD
Address: 903 REGAL MANOR WAY
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: IANNAZZI, RON
Address: 813 KING LEON WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DS (X) Change () Addition
Name: BEVERLY, MARTY
Address: 803 KING LEON WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DT (X) Change () Addition
Name: KARP, NORM
Address: 802 REGAL MANOR WAY
City-St-Zip: SUN CITY CENTER, FL 33573

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

Title: DV (X) Change () Addition
Name: RICHARDS, JOHN
Address: 811 KING LEON WAY
City-St-Zip: SUN CITY CENTER, FL 33573

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: JOHN RICHARDS

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date