NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N12133

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

Principal Place of Business	Mailing Address
2739 NE 14TH ST. FT. LAUDERDALE, FL 33304	PO BOX 7562 FT. LAUDERDALE, FL 33304

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01082007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2611961	Not Applicable

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

6. Name and Address of Current Registered Agent

FARFARO, JUDITH PRESIDE
2739 NE 14TH ST.
FT. LAUDERDALE, FL 33304

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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 1/10/07

(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

U00000583515
01/11/07-80075-005 61.25

10.   OFFICERS AND DIRECTORS

TITLE	STD
NAME	FARFARO, JUDITH
STREET ADDRESS	2730 NE 14TH ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	VPD
NAME	PHILLPOTT, TERRANCE
STREET ADDRESS	2751 NE 14TH ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	PD
NAME	HUMPHREY, WENDY
STREET ADDRESS	2741 NE 14TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

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: _____   1/10/07   954-494-6388

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)   Date   Daytime Phone #