
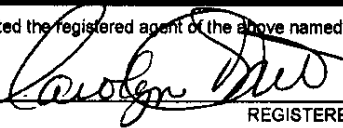



2010 NOT FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION ANNUAL REPORT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # Collier N34440					
1. Corporation Name Sea Pines II at Bay Forest, Condominium Association, Inc.					
2. Principal Office Address - No P.O. Box # 15210-1Majorca Bay Drive		3. Mailing Office Address 15210-1Majorca Bay Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL			
Zip 34110	Country Collier	Zip 34110	Country Collier		
4. Date Incorporated or Qualified To Do Business in Florida Oct. 2, 1989					
5. FEI Number 650246291					Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent					
Name Carolyn Nielsen					
Street Address (P.O. Box Number is Not Acceptable) 15186-2 Majorca Bay Drive					
Suite, Apt. #, Etc.					
City Naples, FL			State FL	Zip Code 34110	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 				Date 4/16/10	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres	James S. Teborek, OD	15162-2 Majorca Bay Dr		Naples, FL 34110	
ViceP	John Hutnick OD	15210 Majorca Bay Drive		Naples, FL 34110	
Secy	Crystal Chaltas O	15197-1 Majorca Bay Drive		Naples, FL 34110	
Treas	Carolyn Nielsen O	15186-2 Majorca Bay Drive		Naples, FL	
	Pat Pino, D	15174-2 Majorca Bay Dr		Naples, FL	
	Edward Carlson D	15150 Majorca Bay Drive		Naples, FL 34110	
10. E-mail Address: JST504@msbcglobal.net (To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE:  JAMES S. TEBOREK					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/16/2010 239/5925564 Daytime Phone #	