FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:19

DOCUMENT # **N44617** **(1)**

1. Corporation Name

BYLANDS COMMERCIAL CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
908 N.E. 24TH LANE POST OFFICE BOX 1725 CAPE CORAL FL 33910	P. O. BOX 1725 POST OFFICE BOX 1725 CAPE CORAL FL 33910 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0410930 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BARTON, DAVID A.
2603 NE 9TH AVE.
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BOZZARD, DAVID GEORGE	12 NAME	GIBBS, GIL	
STREET ADDRESS	BYLANDS REDBOURN	13 STREET ADDRESS	928 NE 24th LANE #4	
CITY ST ZIP	HERTFORDSHIRE, U.K.	14 CITY ST ZIP	CAPE CORAL FLORIDA 33909	
TITLE	SVD	21 TITLE	T/VD	☒ Change ☐ Addition
NAME	BARTON, DAVID A.	22 NAME	KENNETH MORGAN	
STREET ADDRESS	5718 DRIFTWOOD PKWY	23 STREET ADDRESS	928 NE 24th LANE #2	
CITY ST ZIP	CAPE CORAL FL	24 CITY ST ZIP	CAPE CORAL FLORIDA 33909	
TITLE	TD	31 TITLE	SD	☒ Change ☐ Addition
NAME	CAMERON, DON	32 NAME	MARGARET BARTON	
STREET ADDRESS	928 N.E. 24TH LANE, #1	33 STREET ADDRESS	2603 NE 9th AVE	
CITY ST ZIP	CAPE CORAL FL	34 CITY ST ZIP	CAPE CORAL FLORIDA 33909	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Vice President 4/27/95 813-772-1994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGARET BARTON

Date (Daytime Phone #)

0059603