## NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # N4461

BYLANDS COMMERCIAL CONDOMINIUM II ASSOCIATION, I NC.

Country

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Block 12 or Block 13 if changed

Principal Place of Business 2534 NE 9TH AVE CAPE CORAL FL 33909

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

23

24

Zip

Mailing Address P. O. BOX 1725 POST OFFICE BOX 1725 CAPE CORAL FL 33910 US

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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May 05, 1999 8:00 am Secretary of State

05-05-1999 90188 002 \*\*\*\*61.25

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional



Date incorporated or Qualifed

08/08/1991

65-0410930

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number



9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
		8	1 Name	BART	AM - UND	8028	ET		
BARTON, DAVID A					Number is Not Accept	able)	<del></del>		
2603 NE 9TH-AVE.			a		7E JA-	Ave:	#		
CAPE CORAL FL 33909			3				• •		
3,12,5002.12.0000			d City				85 Zip (	Code	
			' (	-ape_	CORAL	FL	1 3	<u> 2904.</u>	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
office or registered agent, or soft, 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 817.0503, Florida Statutes.									
SIGNATURE H. BOULCE H. BOULCE								₹	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture required when reinstating)									
12.	OFFICERS AND DIRECTORS	13.	-	ADDITIO					
TITLE	PD DELETE	1.1 TITLE	En	HICHARD		الد ١٨٧	☐ Change	Addition	
NAME	GIBBS, GIL	1.2 NAME		45 g' ne	E STAGE YO	TF sou	4		
STREET ADDRESS	928 NE 24TH LANE	1.3 STREE	ET ADDRESS	case (	count	72 Q 4 C	ł		
CITY-ST-ZIP	CAPE CORAL FL	1A CITY-	ST-ZIP	\	<u> </u>	3210			
TIRLE	D DELETE	2.1 TITLE					Change	☐ Addition	
NAME	CAMERON, DON	2.2 NAME						ı	
STREET ADDRESS	928 NE 24TH LN #1	2.3 STRE	ET ADORESS	ļ					
CITY-ST-ZIP	CAPE CORAL FL	2.4 CTTY-	ST-ZP		· · ·				
TITLE	\$0 XOELETE	3.1 TITLE					Change	☐ Addition	
MAME	BARTON_MARGARET	3.2 NAME							
STREET ADDRESS		3.3 STREE	ET ADORĒSS						
CITY-ST-ZIP	CAPE CORAL FL 33909	3.4. CITY-	ST-ZP			.,			
TITLE	DELETE	4.1 TITLE					Change	Addition	
NAME		4.2 NAME	Ē					,	
STREET ADDRESS		43 STRE	ET ADDRESS					ļ	
CITY-ST-ZIP		4.4 CITY-	ST-ZIP				=		
TITLE	☐ DELETE	5.1 TITLE					☐ Change	Addition	
NAME	_	5.2 NAME							
STREET ADDRESS	`	5.3 STRE	ET ADDRESS					ļ	
CITY-ST-ZIP		54 CITY-	ST-ZP						
TILE	DELETE	6.1 TITLE					Change	Addition	
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREE	ET ADORESS						
CITY-ST-7/P		6.4 CITY-							
44 Chambu	certify that the information supplied with this filing does not qualify for the	е ехетр	tion state	in Section 119.07	(3)(i), Florida Statutes.	I further certi	fy that the in	noisemotr	
indicated on this annual report or supplierhental annual/report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the									

Country

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