


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # N44617	
1. Entity Name BYLANDS COMMERCIAL CONDOMINIUM II ASSOCIATION, INC.	

Principal Place of Business 928 NE 24 LN UNIT 1 CAPE CORAL, FL 33909 US	Mailing Address 928 NE 24 LN UNIT 1 CAPE CORAL, FL 33909 US
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01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0410930	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMERON, DON  
928 NE 24 LANE 1  
CAPE CORAL, FL 33909

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/05

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, TOM 928 NE 24 LANE, #3 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, DON 928 NE 24TH LN #1 CAPE CORAL, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000249357  
03/02/05-80068-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05

Date

Daytime Phone #