

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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**



04232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0410930

Applied For
Not Applicable

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERRING, TOM
STREET ADDRESS	928 NE 24 LANE, #3
CITY - ST - ZIP	CAPE CORAL, FL 33909
TITLE	D
NAME	CAMERON, DON
STREET ADDRESS	928 NE 24TH LN #1
CITY - ST - ZIP	CAPE CORAL, FL
TITLE	D
NAME	HOLT, JULIAN
STREET ADDRESS	705 PONDELLA RD #H
CITY - ST - ZIP	NORTH FORT MYERS, FL 33903
TITLE	D
NAME	HARPER, MICHAEL
STREET ADDRESS	5305 BAYVIEW CT
CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000930251
05/21/08-80100-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

239-772-1554

Daytime Phone #