


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # N45951 1. Entity Name OLDE BAY VIEW BUILDING OF NAPLES CONDOMINIUM ASSOCIATION II, INC.	
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Principal Place of Business
% ANTHONY O. SMITH
717 12TH AVENUE SOUTH
NAPLES, FL 33940

Mailing Address
% ANTHONY O. SMITH
717 12TH AVENUE SOUTH
NAPLES, FL 33940



04242006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ANTHONY O.
717 12TH AVENUE SOUTH
NAPLES, FL 33940

**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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
STD
SMITH, ANTHONY O.
717 12TH AVENUE SOUTH
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VDT
DEXTER, RICHARD L.
717 12TH AVENUE SOUTH
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CD
LOUIS, DR. WARREN E.
252 BUTLER STREET
SAUGATUCK, MI

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1100000539667
05/09/06-80111-001 70.00

**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: Anthony O. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06
Date

239 2625446
Daytime Phone #