


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 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
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	

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05/17/07-80004-001 70.00

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 817, 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 Anthony O. Smith 239-2625446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #