2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N45951

Entity Name: OLDE BAY VIEW BUILDING OF NAPLES CONDOMINUM ASSOCIATION II, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

% ANTHONY O. SMITH
717 12TH AVENUE SOUTH
NAPLES, FL 34102

Current Mailing Address:

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

New Mailing Address:

% ANTHONY O. SMITH
717 12TH AVENUE SOUTH
NAPLES, FL 34102

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SMITH, ANTHONY O.
717 12TH AVENUE SOUTH
NAPLES, FL 34102 US

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.

SIGNATURE: _____ 04/22/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: SMITH, ANTHONY O.
Address: 717 12TH AVENUE SOUTH
City-St-Zip: NAPLES, FL

Title: VDT ( ) Delete
Name: DEXTER, RICHARD L.
Address: 717 12TH AVENUE SOUTH
City-St-Zip: NAPLES, FL

Title: CD ( ) Delete
Name: LOUIS, DR. WARREN E.
Address: 252 BUTLER STREET
City-St-Zip: SAUGATUCK, MI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY O SMITH PRES 04/22/2009
Electronic Signature of Signing Officer or Director — Date