## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005413

FILED Apr 28, 2006 Secretary of State

Entity Name: BAYVIEW AT BONITA BAY II ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4801 ISLAND ROND CT BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

C/O THE WARNER CORPORATION

886 110TH AVE N #7

NAPLES, FL 34108

6700 LONE OAK BLVD
NAPLES, FL 34109

FEI Number: 65-0706785 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARNER, BRYAN J THE WARNER CORPORATION 886 110TH AVE. NORTH, SUITE 7 NAPLES, FL 34108 US GUARDIAN PROPERTY MANAGEMENT 6700 LONE OAK BLVD NAPLES, FL 34109 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: BYRON ROSS 04/28/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete EIKENBERG, JOHN PHILLIPS, LYMAN Name: Name: 4801 ISLAND POND CT #804 Address: 4801 ISLAND POND CT. #1005 Address: City-St-Zip: BONITA SPRINGS, FL 34139 City-St-Zip: BONITA SPRINGS, FL 34134 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: PHILLIPS, LYMAN Address: Address: 4801 ISLAND POND CT. #804 City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: ( ) Change (X) Addition JOHNSON, RICHARD Name: Name: 4801 ISLAND POND CT, #802 Address: Address: City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134 ( ) Change (X) Addition Title: () Delete Title: Name: Name: BOOR, BRIAN 4801 ISLAND POND CT. #702 Address: Address: City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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: BYRON ROSS MGR 04/28/2006