2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005413

FILED Apr 18, 2007 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:** 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: **GUARDIAN PROPERTY MANAGEMENT** 6700 LONE OAK BLVD NAPLES, FL 34109 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete EIKENBERG, JOHN EIKENBERG, JOHN Name: Name: 4801 ISLAND POND CT. #1005 Address: 4801 ISLAND POND CT. #1005 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: Title: (X) Change () Addition () Delete PHILLIPS, LYMAN Name: PHILLIPS, LYMAN Name: Address: 4801 ISLAND POND CT. #804 Address: 4801 ISLAND POND CT. #804 City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: (X) Change () Addition JOHNSON, RICHARD JOHNSON, RICHARD Name: Name: 4801 ISLAND POND CT, #802 4801 ISLAND POND CT, #802 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: (X) Change () Addition BOOR, BRIAN Name: Name: BOOR, BRIAN 4801 ISLAND POND CT. #702 4801 ISLAND POND CT. #702 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: () Change (X) Addition GIRSCH, JERRY Name: Name: 4801 ISLAND POND CT. #705 Address: Address: BONITA SPRINGS, FL 34134 City-St-Zip: City-St-Zip:

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 04/18/2007