2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N93000005413

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

Current Principal Place of Business:

4801 ISLAND ROND CT
BONITA SPRINGS, FL 34134

New Principal Place of Business:

4801 ISLAND POND CT
BONITA SPRINGS, FL 34134

Current Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

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

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Title: S ( ) Delete
Name: EIKENBERG, JOHN
Address: 4801 ISLAND POND CT. #1005
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: PHILLIPS, LYMAN
Address: 4801 ISLAND POND CT. #804
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete
Name: JOHNSON, RICHARD
Address: 4801 ISLAND POND CT, #802
City-St-Zip: BONITA SPRINGS, FL 34134

Title: P ( ) Delete
Name: BOOR, BRIAN
Address: 4801 ISLAND POND CT. #702
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T ( ) Delete
Name: GIRSCH, JERRY
Address: 4801 ISLAND POND CT. #705
City-St-Zip: BONITA SPRINGS, FL 34134

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:

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: BYRON ROSS MGR 04/23/2008
Electronic Signature of Signing Officer or Director — Date