

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005413

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4801 ISLAND POND CT  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

6704 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  
6704 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:** P  
**Name:** JOHNSON, RICHARD  
**Address:** 4801 ISLAND POND CT. #802  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** VP  
**Name:** BOOR, BRIAN  
**Address:** 4801 ISLAND POND CT. #905  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** S  
**Name:** STAR, DAN  
**Address:** 4801 ISLAND POND CT, #805  
**City-St-Zip:** BONITA SPRINGS, FL 34134

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** BYRON L ROSS

MGR

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date