PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000032288

1. Corporation Name

BAYWATCH REALTY. ASSOCIATES II, INC.

·	
Principal Place of Business	Mailing Address
222 LAKEVIEW AVE	222 LAKEVIEW AVE

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90086 031 ***150.00

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Principal Place of Business	_	Mailing Address			
222 LAKEVIEW AVE		222 LAKEVIEW AVE			
WEST PALM BEACH FL 33401	•	WEST PALM BEACH FL	33401		DO NOT WRITE IN THIS SPACE
·					DO NOT WRITE IN THIS SPACE
					3, Date Incorporated or Qualifed
		14-11			04/03/1998
2. Principal Place of Busines	. –	2a. Mailing Address			4. FEI Number 844980 Applied For Not Applicable
21					65-089110 Not Applicable Not Applicable Not Applicable Not Applicable
Suite, Apt. #, etc.		Suite, Apt#, etc			5. Certificate of Status Desired Fee Required
22	2				
City & State	<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	21		Cour	tn.	
Zip	Country	Zip ⊒		su y	8. This corporation owes the current year Intangible Personal Property Tax.
24 25			30		10. Name and Address of New Registered Agent
9. Name a	nd Address of Current Req	gistered Agent		81 Name	
BEER, JERALD S	,				DAVID W. DRIVER
515 N FLAGLER			[82 Street	Address (P.O. Box Number is Not Acceptable)
WEST PALM BEA	*			83	CCC Lake U 1ew Mue, 10-12
WEST LACTION	,011 1 E 0040 1		1	83	
			Ī	84 City	Q R 85 Zip Code
					West rain Deach FL 33401
11. Pursuant to the provision	ns of Sections 607.0502.and	d 607.1508, Florida Stat	utes, the ab authorized	ove-named by the cort	corporation submits this statement for the purpose of changing its registered paration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with	and accept the obligations	of, Section 607.0505, F	lorida Statu	tes.	corporation submits this statement for the purpose of anising its registered to realisting its registered to appointment as registered
SIGNATURE	\mathcal{L}	/	Ä.		4-1-17
Signature, lyped or	printed hame of registers a great and	ine if a toticable (NO		Agent signature	required when reinstating) DATE
12.	OFFICERS AND DI		13.		PCANDITIONS OF THE CONTROL OF THE CO
TITLE	/ / /) DELETE	1.1 ππ		1-1 K033E11 0000
NAME	\sim	\setminus	1.2 NA	ME	222 Lakeview ave
STREET ADDRESS			1.3 STF	REET ADDRESS	WPB FL 33401
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	2.1 TIT	LE	Uice-tresident Change Addition
NAME			2.2 NA	MÉ	2 22 Cakeview we
STREET ADDRESS	•		2.3 ST	REET ADDRESS	1,100 E/ 2011
CITY-ST-ZIP -	And the second second		2.74 CI	TY-ST-ZIP	W1.5,1 C. 33401
TITLE		☐ DELETE	3.1 TIT	LE	Secretory Change Addition
NAME			3.2 NA	ME	Eugene L. Ciotali
STREET ADDRESS			3.3 STI	REET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP			3.4. CF	TY-ST-ZIP	WPB FC 33401
TITLE		☐ DELETE	4.1 TIT	LE	Treasurer _ Change K Addition
NAME			4.2 NA	ME	Jeffrey a Fulford
STREET ADDRESS			4.3 ST	REET ADDRESS	222 Lakeview ave
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	WPB, FC 33401
TITLE		☐ DELETE	5.1 TIT		Director Change Change Change
NAME			5.2 NA	ME	1 F
STREET ADDRESS			5.3 STI	REET ADDRESS	222 Lakeview aure
1			5.4 CIT	Y-ST-ZIP	WPB, FC 33401
TITLE DICEC	to C	☐ DELETE	6.1 TIT		Dicector Change Addition
NAME TO B	- W.Boschin		6.2 NA	ME	To Andrew De Bevoise
CADELL PODDICOS SOLV	iakeriew D	Lise	63.ST	REET ADDRESS	1 = m
STREET ADDRESS 222				V. 97. 7IP	1.0B Fr 33401

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on amattachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR