


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000032288 1. Entity Name BAYWATCH REALTY ASSOCIATES II, INC.	
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Principal Place of Business 1240 US HWY 1 NORTH PALM BEACH, FL 33408	Mailing Address 1240 US HWY 1 NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0844980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIOTOLI, EUGENE L
1240 US HWY ONE
NORTH PALM BEACH, FL 33408

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOBO, A. RUSSELL
STREET ADDRESS	1240 US HWY 1
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	S
NAME	CIOTOLI, EUGENE L
STREET ADDRESS	1240 US HWY 1
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	BOCCHINO, JOHN
STREET ADDRESS	1240 US HWY 1
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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01/20/04-80091-018 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: A. Russell Bobo 1/13/04 561/684-16600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #