

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000032288

1. Entity Name
BAYWATCH REALTY ASSOCIATES II, INC.



FILED
04 MAR 16 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1240 US HWY 1
NORTH PALM BEACH, FL 33408

Mailing Address
1240 US HWY 1
NORTH PALM BEACH, FL 33408



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03052004 Chg-P CR2E034 (10/03)

City & State
Zip

City & State
Zip

4. FEI Number
65-0844980

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BOBO, A. RUSSELL ☐ Delete
STREET ADDRESS 1240 US HWY 1
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE President/Director ☒ Change ☐ Addition
NAME Bobo, A. Russell
STREET ADDRESS 1240 U.S. Hwy One, NPB, FL 33408
CITY-ST-ZIP

TITLE S
NAME CIOTOLI, EUGENE L ☐ Delete
STREET ADDRESS 1240 US HWY 1
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE Secretary/Treasurer/ ☒ Change ☐ Addition
NAME Ciotoli, Eugene L. Director
STREET ADDRESS 1240 U.S. Hwy One, NPB, FL 33408
CITY-ST-ZIP

TITLE D
NAME BOCCHINO, JOHN ☐ Delete
STREET ADDRESS 1240 US HWY 1
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE 300031287143 ☐ Change ☐ Addition
NAME 03/26/04--01094--001 **61.25
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME Fulford, Jeffrey C.
STREET ADDRESS 1240 U.S. Hwy One, NPB, FL 33408
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Eugene L. Ciotoli 3/5/04 561/684-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #