## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2005 08:00 AM Secretary of State

DOCUMENT # P98000032288  1. Entity Name BAYWATCH REALTY ASSOCIATES II, INC.					Secretary of Stat	
Principal Place of Business Mailing Address						
1240 US HWY 1 1240 US HWY 1 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 3340			08			
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2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt		Suite, Apt. #, etc.			01142005 Chg-P CR2E034 (10/03)	
City & State		City & State		<u></u>	4. FEI Number Applied For 65-0844980 Not Applied	
<b>Z</b> ip 	Country	Zip	Cour	ntry	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	
0.07011				Name		
CIOTOLI, EUGENE L 1240 US HWY ONE NORTH PALM BEACH, FL 33408				ss (P.O. Box Number is Not Acceptable)		
110111111				City	FL Zip Code	
		<del></del>	·	1		
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 Signature, typed or printed name of registered agent and tife if aptill table. (NOTE Registered Agent agent agent agent agent and tife if aptill table.)  ONOTE Registered Agent						
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND	DIRECTORS	11.	w /t-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete		E	Change Addi	
NAME	BOBO, A. RUSSELL		NAV	- l	U00000337453 04/27/05-80168-014 150.00	
STREET ADDRESS CITY-ST-ZIP	1240 US HWY 1 NORTH PALM BEACH, FL 3340		CITY	EET ADDRESS -ST-ZIP		
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NAME STREET ADDRESS	CIOTOLI, EUGENE L 1240 US HWY 1			ET ADDRESS		
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NAME	BOCCHIÑO, JÖHN 1240 US HWY 1		NAM	EET AUDRESS		
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NAME	FULFORD, JEFFREY C		NAM			
STREET ADDRESS	1240 US HWY 1	· ·		ET ADDRESS -S1-ZIP		
CITY-ST-ZIP	NORTH PALM BEACH, FL 3340	<del></del>	TITL		☐ Change ☐ Addi	
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CITY-ST-ZIP		_ <u></u>	CITY	-ST-ZIP		
12. I hereby	pertify that the information supplied with	this filing does not qualify for	or the exe	mption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information as same legal effect as if made under not high Lam as officer or disert	
12. I hereby certify that the information supplied with this filling 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 truetee empewered 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 title empewered.						