

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **714766** (3)

1. Corporation Name

BAY HILL PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 7575 DR. PHILLIPS BLVD. STE 155 ORLANDO FL 32819 US	Mailing Address 7575 DR. PHILLIPS BLVD. STE 155 ORLANDO FL 32819 US
---	---

3. Date Incorporated or Qualified 06/13/1968
4. FEI Number 59-2503953
Applied For ☐ Not Applicable

2. Principal Place of Business 21 7575 Dr. Phillips Blvd. Suite, Apt. #, etc. 22 Suite 155 City & State 23 Orlando Zip 24 FL	2a. Mailing Address 26 7575 Dr. Phillips Blvd. Suite, Apt. #, etc. 27 Suite 155 City & State 28 Orlando, FL Zip 29 32819 Country 30 USA
---	---

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent SHORT, HOUSTON E 280 W. CANTON AVENUE STE 410 WINTER PARK FL 32790
--

10. Name and Address of New Registered Agent 81 Name same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Houston Short* **Houston Short** DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAIN, RICHARD 8998 CRICHTON WOODS DR. ORLANDO FL 32819 ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SAWYER, TOM M.D. 88947 BAY COVE CT. ORLANDO FL 32819 ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WAVELL, BARBARA 8982 ROYAL BIRKDALE LANE ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOGA, CAROL 6107 TARAWOOD DR. ORLANDO FL 32819 ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PARKER, GARY 9135 RIDGE PINE TRAIL ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIPTON, HOWARD 6107 CHESHIRE LANE ORLANDO FL 32819 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Benzikie, Peter A. 6064 Masters Blvd. Orlando, FL 32819 ☐ Change ☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *R. Bain* **R. Bain** DATE _____

CR2E037 (10/97)