2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
02-09-2000 90378 033 ****61.25

DOCUMENT # 714766

1. Entity Name

BAY HILL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7575 DR PHILLIPS BLVD SUITE 155 ORLANDO FL 32819 US	7575 DR PHILLIPS BLVD SUITE 155 ORLANDO FL 32819-7220 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7575 Dr. Phillips Blvd.	7575 Dr. Phillips Blvd.
Suite, Apt. #, etc.: Suite 155	Suite, Apt. #, etc.: Suite 155
City & State: Orlando, Fl	City & State: Orlando, Fl
Zip: 32819 Country: Orange	Zip: 32819 Country: Orange

4. FEI Number 59-2503953 ☐ 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
SHORT, HOUSTON E 280 W. CANTON AVENUE STE 410 WINTER PARK FL 32790	Name: same 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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	D Booth, William P. 8431 Lyric Ct. Orlando, Fl 32819	☐ Change ☑ Addition
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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WAVELL, BARBARA 8962 ROYAL BIRKDALE LANE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOGA, CAROL 6107 TARAWOOD DR. ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PARKER, GARY 9135 RIDGE PINE TRAIL ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIPTON, HOWARD 6107 CHESHIRE LANE ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 617, 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: SIGNATURE REQUIRED Gary S. Parker VP 2/3/00 (407) 351-5840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #