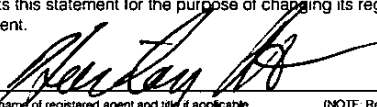
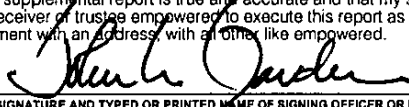


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90038 011 ****61.25

DOCUMENT # 714766 1. Entity Name BAY HILL PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 7575 DR PHILLIPS BLVD SUITE 155 ORLANDO, FL 32819 US			Mailing Address 7575 DR PHILLIPS BLVD SUITE 155 ORLANDO, FL 32819 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2503953	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 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  Signature, typed or printed name of registered agent and title if applicable.				DATE <u>1-20-06</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARDNER, ROBERT MR 6125 CHESHIRE LANE ORLANDO, FL 32819	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Bain - Director 8998 Crichton Wood Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENOS, JEFF 9170 BAY HILL BLVD ORLANDO, FL 32819	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTH, WILLIAM P 8431 LYRIC CT. ORLANDO, FL 32819	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR / Secretary PUHEK, JOHN MR. 8929 CRICHTON WOOD DR. ORLANDO, FL 32819	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLBERT, MARION MS 8997 LE VALLEY COURT ORLANDO, FL 32819	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMAR, LESLIE 6105 ORANGE HILL CT ORLANDO, FL 32819	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>01-17-06</u> DAYTIME PHONE # <u>407-3515870</u>	