

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 721132 (9)
1. Corporation Name
BAY HILL APARTMENTS, INC.



Principal Place of Business P.O. BOX 568846 ORLANDO FL 32856-8846	Mailing Address P.O. BOX 568846 ORLANDO FL 32856-8846
---	---

3. Date Incorporated or Qualified 06/10/1971	3a. Date of Last Report 03/28/1996
4. FEI Number 59-1555934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**JOHNSON, PAMELA R
1317 LAKE WILLISARA CIR
ORLANDO FL 32806**

10. Name and Address of New Registered Agent
81 Name **Pamela R. Johnson**
82 Street Address (P.O. Box Number is Not Acceptable) **61 W. Michigan St**
83
84 City **Orlando** FL 85 Zip Code **32806**

11. Pursuant to the provisions of Sections 617.0502 and 617.1208, 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: *[Signature]* DATE: **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANQUIST, AGNES	
STREET ADDRESS	6256 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIGIOVANNI, SAM	
STREET ADDRESS	6222 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARENBERG, J T	
STREET ADDRESS	6250 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREGOR, FRANK	
STREET ADDRESS	6236 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELICETTI, RAY	
STREET ADDRESS	6220 MASTERS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* DATE: **4/28/97** DAYTIME PHONE: **407-841-6248**

CR2E037 (9/96)