

2007 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90046 022 ****61.25



DOCUMENT # 721132

1. Entity 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

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE CR2E037 (10/06)

4. FEI Number
59-1555934

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOLTERS, PAMELA
87 W MICHIGAN ST
ORLANDO FL 32806

5516 COMMERCE DR.
SUITE 3100
ORLANDO, FL 32839

7. Name and Address of New Registered Agent

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

(NOTE - Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	ARENBERG, J T	
STREET ADDRESS	6250 MASTERS BLVD D-104	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	SD	<input type="checkbox"/> Delete
NAME	D'AIUTO, ROSE	
STREET ADDRESS	6258 MASTERS BLVD C-104	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARDILLI, NORMAN	
STREET ADDRESS	6220 MASTERS BLVD A-203	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRELL, EUGENE	
STREET ADDRESS	6260 MASTERS BLVD 6260 C-101	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	 	<input type="checkbox"/> Delete
NAME	 	
STREET ADDRESS	 	
CITY - ST - ZIP	 	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WEST, SCOTT	
STREET ADDRESS	6220 MASTERS BLVD A202	
CITY - ST - ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D DIGIOANNI, SAM	
STREET ADDRESS	6222 MASTERS BLVD. B202	
CITY - ST - ZIP	ORLANDO, FL 32819	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: *Norman L. Cardilli, Sr.* **2/21/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #