

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 721132

Entity Name: BAY HILL APARTMENTS, INC.

Current Principal Place of Business:

P.O. BOX 568846
ORLANDO, FL 328568846

New Principal Place of Business:

5516 COMMERCE DRIVE
SUITE B100
ORLANDO, FL 32839

Current Mailing Address:

P.O. BOX 568846
ORLANDO, FL 328568846

New Mailing Address:

FEI Number: 59-1555934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLTERS, PAMELA
5516 COMMERCE DR
SUITE B100
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ARENBERG, J T
Address: 6250 MASTERS BLVD D-104
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: D'AIUTO, ROSE
Address: 6258 MASTERS BLVD C-104
City-St-Zip: ORLANDO, FL 32819

Title: PD () Delete
Name: CARDILLI, NORMAN
Address: 6220 MASTERS BLVD A-203
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: FARRELL, EUGENE
Address: 6260 MASTERS BLVD C-101
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: WEST, SCOTT
Address: 6220 MASTERS BLVD A202
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: DIGIOANNI, SAM
Address: 6222 MASTERS BLVD B202
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN CARDILLI

PD

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date