

FILE NOW: FILING FEE IS \$61.25

	NONPROFIT CORPORATION	FLORIDA DEPARTMENT OF STATE
	ANNUAL REPORT	Sandra B. Mortham
	1996	Secretary of State
		DIVISION OF CORPORATIONS

DOCUMENT # 754119 (6)

1. Corporation Name

BAY HILL VILLAGE CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
8943 SAVANNAH PK. ORLANDO FL 32819	8943 SAVANNAH PK. ORLANDO FL 32819

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/10/1980		03/15/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2055665		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ Yes ☐ No	
Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	
24		25		29		30	

9. Name and Address of Current Registered Agent

SMITH CHRISTI
8943 SAVANNAH PK
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

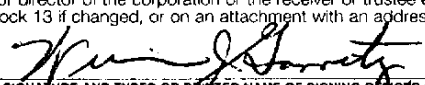
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PRESIDENT
NAME	AIKEN, CHARLES	12 NAME	JACK BOYD
STREET ADDRESS	5916 CHESAPEAKE PK	13 STREET ADDRESS	6056 LEXINGTON PARK
CITY-ST-ZIP	ORLANDO, FL 00000	14 CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE	TD	21 TITLE	VICE PRESIDENT
NAME	GRADY, FRANK	22 NAME	TOM MCCOY
STREET ADDRESS	8901 CHARLESTON PK	23 STREET ADDRESS	8955 CHARLESTON PARK
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE	AS	31 TITLE	SECRETARY
NAME	SMITH, CHRISTI	32 NAME	BOB YORNT
STREET ADDRESS	8943 SAVANNAH PK	33 STREET ADDRESS	8959 CHARLESTON PARK
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE	VD	41 TITLE	TREASURER
NAME	WILSON, ROBERT	42 NAME	BILL GARRITY
STREET ADDRESS	8943 SAVANNAH PK.	43 STREET ADDRESS	6053 LEXINGTON PARK
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	ORLANDO, FLORIDA 32819
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	400001777524
TITLE		61 TITLE	04/11/96
NAME		62 NAME	***61.25
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/30/96 (407) 876-4196
Date Daytime Phone #

C.S. 4/11/96

CR2E037 (12/95)