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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 # **754119** **(6)**

1. Corporation Name

BAY HILL VILLAGE CLUB CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
8943 SAVANNAH PK. ORLANDO FL 32819	8943 SAVANNAH PK. ORLANDO FL 32819-4445

3. Date Incorporated or Qualified: 09/10/1980
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2055665 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH CHRISTI
8943 SAVANAH PK
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: Joe Strizack
82 Street Address (P.O. Box Number Is Not Acceptable): 8943 Savanah Park
83
84 City: Orlando FL 85 Zip Code: 32819

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: Joseph C Strizack — 4/28/97
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	VPD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BOYO, JACK		1.2 NAME	AIKEN, CHARLES	
STREET ADDRESS	6056 LEXINGTON PARK		1.3 STREET ADDRESS	5916 CHESAPEAKE PARK	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819	
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	MC COY, TOM		2.2 NAME	FRANK GRADY	
STREET ADDRESS	8955 CHARLESTON PARK		2.3 STREET ADDRESS	8901 CHARLESTON PARK	
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	YOUNT, BOB		3.2 NAME	JEAN CHAMBERLIN	
STREET ADDRESS	8959 CHARLESTON PARK		3.3 STREET ADDRESS	5933 CHESAPEAKE PARK	
CITY-ST-ZIP	ORLANDO FL 32819		3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819	
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	GARRITY, BILL		4.2 NAME	MARY L. MILLER	
STREET ADDRESS	6053 LEXINGTON PARK		4.3 STREET ADDRESS	5972 CHESAPEAKE PARK	
CITY-ST-ZIP	ORLANDO FL 32819		4.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 REQUIRED — Charles Aiken — 3/7/97 — (407)876-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0017804