FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90082 003 ****61.25

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DOCUMENT # 754119

1. Corporation Name

BAY HILL VILLAGE CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 West SR 434 Suite 5000 Longwood FL 32779	2180 West SR 434 Suite 5000 Longwood FL 32779

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/10/1980	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2055665	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: HART, JAMES W JR

82 Street Address (P.O. Box Number is Not Acceptable): 2180 West SR 434, Suite 5000

83

84 City: Longwood **FL** 85 Zip Code: 32779

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 _____ 4/30/99 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Richards, William		1.2 NAME	
STREET ADDRESS	6056 Lexington Park		1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Sellers, Bruce		2.2 NAME	
STREET ADDRESS	6048 Lexington Park		2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Boyd, Jack		3.2 NAME	
STREET ADDRESS	6024 Lexington Park		3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Grady, Frank		4.2 NAME	
STREET ADDRESS	8901 Charleston Park		4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Milhausen, Dave		5.2 NAME	
STREET ADDRESS	8971 Charleston Park		5.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Russell, Laura		6.2 NAME	
STREET ADDRESS	8983 Savannah Park		6.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ PRES. 5/6/99 (407) 354-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William Richards

CR2E037 (11/98)