


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760069 (5)
1. Corporation Name
BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS ONE

Principal Place of Business 15531 ROYAL FERN LN. N. NAPLES FL 33963	Mailing Address 2373-75 DAVIS BLVD NAPLES FL 34104 US
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 09/15/1981	
4. FEI Number 36-3495910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**A.S. DARR & ASSOC INC
2373-75 DAVIS BLVD
ARTHUR S. DARR
NAPLES FL 33942**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD ROYAL, RALPH	<input type="checkbox"/> DELETE
NAME	15455 ROYAL FERN LN. N. #38	
STREET ADDRESS	NAPLES FL	
CITY-ST-ZIP		
TITLE	SD LINDAHL, CLAES	<input type="checkbox"/> DELETE
NAME	15455 ROYAL FERN LN N. #37	
STREET ADDRESS	NAPLES FL	
CITY-ST-ZIP		
TITLE	PD KIMBIS, NICHOLAS P	<input type="checkbox"/> DELETE
NAME	15505 ROYAL FERN LN	
STREET ADDRESS	NAPLES FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD ROYAL,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROYAL, RALPH	
1.3 STREET ADDRESS	15455 ROYAL FERN LN. N. #36	
1.4 CITY-ST-ZIP	NAPLES, FL 34110	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD KERN, CAROL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	15348 WIMBORNE LN. N. #3	
3.3 STREET ADDRESS	NAPLES, FL 34110	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *[Handwritten Signature]*

CR2E037 (10/97)