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04-07-1999 90072 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 760069

1. Corporation Name  
**BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS ONE**

Principal Place of Business: 15531 ROYAL FERN LN. N. NAPLES FL 34110  
 Mailing Address: 2373-75 DAVIS BLVD NAPLES FL 34104 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	09/15/1981
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	36-3495910
24. Country	29. Country	Applied For
	30. Country	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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ROYLE, RALPH	1.1 TITLE
NAME	15455 ROYAL FERN LN N STE 36	1.2 NAME
STREET ADDRESS	NAPLES FL 34110	1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	SD LINDAHL, CLAES	2.1 TITLE
NAME	15455 ROYAL FERN LN N. #37	2.2 NAME
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	TD KERN, CAROL	3.1 TITLE
NAME	15348 WIMBORNE LN N STE 3	3.2 NAME
STREET ADDRESS	NAPLES FL 34110	3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE **PRES. HAL WATSON**  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **15351 WIMBORNE LANE # 12**  
 1.4 CITY-ST-ZIP **NAPLES, FL 34110**  
 2.1 TITLE **TREASURER Muriel Donovan**  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS **15455 ROYAL FERN LANE N**  
 2.4 CITY-ST-ZIP **NAPLES, FL 34110**  
 3.1 TITLE **Sec. ELAINE Angelo**  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS **15455 ROYAL FERN LANE N**  
 3.4 CITY-ST-ZIP **NAPLES, FL 34110**  
 4.1 TITLE **DIR. Sue Detzel**  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS **15505 ROYAL FERN LANE NORTH**  
 4.4 CITY-ST-ZIP **NAPLES, FL 34110**  
 5.1 TITLE **Dir Judy Stone**  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS **15455 ROYAL FERN LANE N**  
 5.4 CITY-ST-ZIP **NAPLES, FL 34110**  
 6.1 TITLE  Change  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)(l), 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: Arthur S. Darr SIGNATURE REQUIRED 3/22/99 (941) 775-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)