

424724/00-90016-0

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Jul 07, 2000 8:00 am  
Secretary of State

04-24-2000 90016 029 \*\*\*\*61.25

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760069

1. Entity Name

BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS

Principal Place of Business

Mailing Address

18631 ROYAL FERN LANE N.  
NAPLES FL 34110

2373-75 DAVIS BLVD  
NAPLES FL 34106  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

363425910

Applied For

Not Applicable

5. Certificate of Status Desired

\$9.75 Additional

Fee-Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: Financial Management Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable):  
4933 Tamiami Trail N., #200  
City: Naples FL Zip Code: 34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Arthur B. Darr*

*Down McElough 6/26/00*

Signature, typed or printed name of registered agent and the filer.

NOTE: Registered Agent Signature required when replacing.

FILE NOW:  
FEE IS \$81.25

9. Election Campaign Financing  
That Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	TITLE	P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, MAL	NAME	Burt Smith
STREET ADDRESS	15351 WIMBORNE LANE #12	STREET ADDRESS	15348 Wimborne Lane
CITY-ST-ZIP	NAPLES FL 34110	CITY-ST-ZIP	Naples, FL 34110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	V/A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONOVAN, MURIEL	NAME	Elaine Angelo
STREET ADDRESS	15455 ROYAL FERN LANE N.	STREET ADDRESS	15455 Royal Fern Lane
CITY-ST-ZIP	NAPLES FL 34110	CITY-ST-ZIP	Naples, FL 34110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	S/A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERN, CAROL	NAME	Detzel, Sue
STREET ADDRESS	15348 WIMBORNE LN N STE 3	STREET ADDRESS	15505 Royal R Fern Lane, N.
CITY-ST-ZIP	NAPLES FL 34110	CITY-ST-ZIP	Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETZEL, SUE	NAME	Noreen Masterson
STREET ADDRESS	15505 ROYAL FERN LANE NORTH	STREET ADDRESS	15395 Royal Fern Lane
CITY-ST-ZIP	NAPLES FL 34110	CITY-ST-ZIP	Naples, FL 34110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	STONE, JUDY	NAME	
STREET ADDRESS	15455 ROYAL FERN LANE N.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sue Detzel* **REQUIRED** *April 12, 2000 596-5339*