

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-10-2003 90171 035 ****61.25



DOCUMENT # 760069

1. Entity Name
BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS ONE

Principal Place of Business
**15531 ROYAL FERN LN. N.
NAPLES FL 34-71-0**

Mailing Address
**% FINANCIAL MANAGEMENT SERVICES
5020 TAMiami TRAIL NORTH #110
NAPLES FL 34103
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-3495910		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FINANCIAL MANAGEMENT SERVICES, INC. 5020 TAMiami TRAIL N #110 NAPLES FL 34103				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULMAN, EPHRAIM			NAME			
STREET ADDRESS	15383 ROYAL FERN LANE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP			
TITLE	950c	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAMANDI, GISELA			NAME			
STREET ADDRESS	15557 #444 ROYAL FERN LANE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASTERTSON, NOREEN			NAME	Phyllis Gausselin		
STREET ADDRESS	15395 ROYAL FERN LN. N.			STREET ADDRESS	15349 WIMBORNE LANE		
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP	Naples FL 34110		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENZI, SUE			NAME			
STREET ADDRESS	15347 WIMBORNE LANE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANGELO, FLAINE C			NAME	ANGELO, WENDELL A.		
STREET ADDRESS	15455 ROYAL LN N			STREET ADDRESS	15455 ROYAL FERN LN		
CITY-ST-ZIP	NAPLES FL 34110			CITY-ST-ZIP	NAPLES, FL 34110		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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)(i), 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 the receiver 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: *Ephraim Shulman* **3/8/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)