

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760071 (1)
1. Corporation Name

BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS THREE

Principal Place of Business 273 TAFT STREET NAPLES FL 33942	Mailing Address 273 TAFT STREET NAPLES FL 34104-3812
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2. Principal Place of Business 21 303 Fillmore Street 22 Suite, Apt. #, etc. 23 Naples, Florida 24 34104 25 US		2a. Mailing Address 26 303 Fillmore Street 27 Suite, Apt. #, etc. 28 Naples, Florida 29 34104 30 US		3. Date Incorporated or Qualified 09/15/1981	3a. Date of Last Report 04/05/1996
		4. FEI Number 65-0578359		Applied For 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	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADKINS, WILLIAM H
273 TAFT STREET
NAPLES FL 33942**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	303 Fillmore Street
83	
84 City	Naples FL
85 Zip Code	34104

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, THOMAS A			1.2 NAME	George O'Donnell		
STREET ADDRESS	15117 ROYAL FERN COURT A201			1.3 STREET ADDRESS	15218 Storrington Place Unit m100		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	Naples, FL 34110		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZABO, LOUIS			2.2 NAME	Richard Weidman		
STREET ADDRESS	15209 STORRINGTON PLACE B201			2.3 STREET ADDRESS	15221 Storrington Place Unit A100		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	Naples, FL 34110		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, GEORGE			3.2 NAME	Ted Fitz Kee		
STREET ADDRESS	15209 STORRINGTON PLACE B201			3.3 STREET ADDRESS	15116 Royal Fern Court Unit B200		
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP	Naples, FL 34110		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 *[Signature]* 4-1-97 041-594 0700

CR2E037 (9/96)