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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

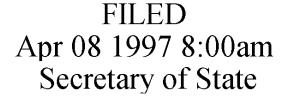
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760071

BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS THREE

Principal Place of Business

Mailing Address





273 TAFT STRE NAPLES FL 339		273 TAFT STREET Naples Fl 34104-3812					
					Incorporated or Qualified 09/15/1981	3a. Date of Last i 04/05/19	
	lace of Business	2a. Mailing Address	•	4. FEIN		A	pplied For
21 303	FILLMORE STREET	26 303 Filly	nore Stree	it I	65-0578359	_ N	ot Applicable
Sulte, Apt.		Suite, Apt, #, etc.			ficate of Status Desired		Additional equired
City & State 23 Na p	les florida	City & State 28 Noples, F	corida	ı	ion Campaign Financing Fund Contribution		May Be to Fees
Zip 24 3410L	Country 25 US	29 34(04	Country 30 US	Florid		Yes 🗀 No	s. 199.032,
	9. Name and Address of Current	Registered Agent			e and Address of New Re	gistered Agent	
ADKINS, WILLIAM H 273 TAFT STREET NAPLES FL 33942 81 Name 62 Street Addres 3 \$ 3					ox Number is Not Acceptab More Stre	ole)	
			84 City	Naples		FL 9 u	Code
11. Pursuant to office or reagent. La	to the provisions of Sections 617.0502 egistered agent, or both, In the State of m familiar with, and accept the obligati	and 617.1508, Florida Statute Florida. Such change was a ons of, Section 617.0503, Flo	es, the above-named uthorized by the cor rida Statutes.	corporation sub poration's board	mits this statement for the p of directors. I hereby accep	ourpose of changing in the appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent		: Registered Agent signature			DATE	
12.	OFFICERS AND		13.	'	IONS/CHANGES TO OFFIC		RS IN 12
TITLE	PO	∑\$ DELETE	1.1 TITLE	PD		★ Change	☐ Addition
NAME	SCOTT, THOMAS A		1.2 NAME	Gannes	. O'Donnel Storrington	١ .	. !
STREET ADDRESS	15117 ROYAL FERN COURT A	201	1.3 STREET ADDRESS	15218	Storrington	Place Uni	t miloo
CITY-ST-ZIP	NAPLES FL		1.4 CITY - \$T - 2IP	Naple	s, FL 34110	S	ì
TITLE	VD	DELETE .	2.1 TITLE	1	•	IVI Change	☐ Addition
NAME	SZABO, LOUIS	,	22 NAME	Richar	d Weidman Storrington	Olman Buil	4 A LOS
STREET ADDRESS	15209 STORRINGTEN PLACE E	201	2.3 STREET ADDRESS	15221	Storringson	t teres our	
CITY-ST-ZIP	NAPLES FL		2. 4 CITY - ST - ZIP	Maple	S. FL 34110	}	Ì
TITLE	STD	X DEFETE	3.1 TITLE	370		Change	Addition
NAME	EVANS, GEORGE		3.2 NAME	Ted 1	ITZ Kee	Carried Di	A B2 60
STREET ADDRESS	15209 STORRINGTON PLACE E	3201	3.3 STREET ADDRESS	15116	itz Kee Royal Fern	C3511 0.	, ,
CITY-ST-ZIP	NAPLES FL		3.4. CITY - ST - ZIP	Nob	les, fr 3411	ರ	
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	1			ļ
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		The second	5.4 CITY- ST - ZIP				<u> </u>
TITLE		☐ DETE1E	61 TITLE	[Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	and the information a walled	Sec. at the attention of the second of the	6.4 CITY - \$1 - 2IP	totod in Continn	(40 07/0V) Et :2- 01 1		16

I do nereby certify that the information supplied with this tiling 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 eath; 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 12 if changed, or on an attachment with an address.