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Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

**303 FILLMORE ST  
NAPLES FL 34104  
US**

**303 FILLMORE ST  
NAPLES FL 34104  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/15/1981**

4. FEI Number

**65-0578359**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**ADKINS, WILLIAM H  
303 FILLMORE ST  
NAPLES FL 34104**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

1.1 TITLE **PD** ☒ DELETE

NAME **O'DONNELL, GEORGE**  
STREET ADDRESS **15218 STORRINGTON PLACE UNIT M100**  
CITY-ST-ZIP **NAPLES FL**

1.2 TITLE **VD** ☒ DELETE

NAME **WEIDMAN, RICHARD**  
STREET ADDRESS **15221 STORRINGTON PLACE UNIT A100**  
CITY-ST-ZIP **NAPLES FL**

1.3 TITLE **STD** ☒ DELETE

NAME **KEE, TED FITZ**  
STREET ADDRESS **15116 ROYAL FERN COURT UNIT B200**  
CITY-ST-ZIP **NAPLES FL**

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

NAME **Lowell Snider**  
STREET ADDRESS **15210 Storrington Place #L101**  
CITY-ST-ZIP **Naples, FL 34110**

2.1 TITLE **SD** ☐ Change ☒ Addition

NAME **Lester Kraft**  
STREET ADDRESS **15197 Storrington Place #C100**  
CITY-ST-ZIP **Naples, FL 34110**

3.1 TITLE **TD** ☐ Change ☒ Addition

NAME **Byrd Crawford**  
STREET ADDRESS **15095 Royal Fern Court #F200**  
CITY-ST-ZIP **Naples, FL 34110**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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)(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:

*Lowell Snider* **Lowell Snider** **4-1-98**

Date

Defiling Phone & Fax

CR2E037 (10/97)