

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760071

1. Entity Name

BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90135 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

303 FILLMORE ST  
NAPLES FL 34104  
US

303 FILLMORE ST  
NAPLES FL 34104-3835  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0578359

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADKINS, WILLIAM H  
303 FILLMORE ST  
NAPLES FL 34104

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust 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 PD  
NAME SNIDER, LOWELL  
STREET ADDRESS 1510 STORRINGTON PLACE #L101  
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 15210 Storrington Place #401  
CITY-ST-ZIP

TITLE SD  
NAME KRAFT, LESTER  
STREET ADDRESS 15197 STARRINGTON PLACE #C100  
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE STD  
NAME Phyllis Katz  
STREET ADDRESS 15221 Storrington Place #A101  
CITY-ST-ZIP Naples, FL 34110 ☒ Change ☒ Addition

TITLE TD  
NAME CRAWFORD, BYRD  
STREET ADDRESS 15095 ROYAL FERN COURT #F200  
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Byrd Crawford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)