

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0005575

DOCUMENT # 760071

04-26-2001 90224 046 *****61.25

1. Entity Name

BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS

Principal Place of Business

**303 FILLMORE ST
 NAPLES FL 34104
 US**

Mailing Address

**303 FILLMORE ST
 NAPLES FL 34104
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0578359

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 NAME Delete
PD SNIDER, LOWELL
 STREET ADDRESS **15210 STARRINGTON PLACE #401**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
STD KATZ, PHYLLIS
 STREET ADDRESS **15221 STARRINGTON PLACE #A101**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
VD Chylla, Eugene
 STREET ADDRESS **15117 Royal Fern Court #A201**
 CITY-ST-ZIP **Naples, FL 34110**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eugene Chylla **Eugene Chylla** **4/17/01**

CR2E037 (10/00)