**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am & Secretary of State **DOCUMENT # 760071** 1. Entity Name BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS 04-29-2002 90019 017 \*\*\*\*61.25 THREE Principal Place of Business Mailing Address 303 FILLMORE ST 303 FILLMORE ST NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0578359 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name -ADKINS, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 303 FILLMORE ST NAPLES FL 34104 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ΡĎ TITLEŠ. ☐ Delete TITLE Change SNIDER, LOWELL NAME NAME 15210 Storrington Place #L 101 STREET ADDRESS 15210 STARRINGTON PLACE #401 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE Change ☐ Addition KATZ, PHYLLIS NAME 15221 StorringTon Place Aloi STREET ADDRESS 15221 STARRINGTON PLACE #A101 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIF TITLE Delete TITI F - - - Change Chylla. Eugene NAME NAME Eliza beth Colbert 15095 Rogal Fern Court# Floo Naples, FL 34110 15117 ROYAL-FERN COURT #A201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truster impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

WICHELOWELL G. SNIDER 4/5/62 239-598-2679
SIGNING OFFICER OR DIRECTOR
Date Date Date Dayling Phone #