



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90689 036 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 760071					
1. Entity Name BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS THREE					
Principal Place of Business 5067 TAMiami TRAIL E. NAPLES, FL 34113 US		Mailing Address 5067 TAMiami TRAIL E. NAPLES, FL 34113 US			
2. Principal Place of Business 463 TORREY PINES PT. Suite, Apt. #, etc.		3. Mailing Address 463 TORREY PINES PT. Suite, Apt. #, etc.			
City & State NAPLES, FL.		City & State NAPLES, FL.		4. FEI Number 65-0578359	
Zip 34113		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOREMAN, GEORGE 5067 TAMiami TRAIL E. NAPLES, FL 34113				7. Name and Address of New Registered Agent Name FOREMAN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 463 TORREY PINES POINT City NAPLES FL 34113	
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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE <u><i>George Foreman</i></u> DATE 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LALIBERTE, LORENZO 15216 STORRINGTON PL #M101 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHYLLA, MARILYN 15117 ROYAL FERN COURT #A201 NAPLES, FL 34110 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TYBURSKI, MAUREEN 15209 STORRINGTON PL #B200 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLBERT, ELIZABETH 15095 ROYAL FERN COURT #F100 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOREMAN, GEORGE 5067 TAMiami TRAIL E. NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like empowered.					
SIGNATURE: <u><i>George Foreman</i></u>		Date 4-29-04 Daytime Phone # 239-643-7647			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					