

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90020 017 ****61.25

DOCUMENT # 760071

1. Entity Name
**BAY FOREST HOMEOWNERS ASSOCIATION, INC.
COMMONS THREE**



Principal Place of Business
**%STERLING PROPERTY SERVICES
27800 OLD 41 ROAD
BONITA SPRINGS, FL 34135 US**

Mailing Address
**%STERLING PROPERTY SERVICES
27800 OLD 41 ROAD
BONITA SPRINGS, FL 34135 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

%STERLING PROPERTY SVC

%STERLING PROPERTY SVC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27180 BAY LANDING DRIVE

27180 BAY LANDING DRIVE

City & State

City & State

**SUITE #4
BONITA SPRING, FL**

**SUITE #4
BONITA SPRING, FL**

Zip

Zip

34135

34135

6. Name and Address of Current Registered Agent

**STERLING PROPERTY SERVICES
27800 OLD 41 ROAD
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name **O'GORMAN, JOHN**
Street Address (P.O. Box Number Not Acceptable)
**%STERLING PROPERTY SERVICES
27180 BAY LANDING DRIVE, SUITE #4
BONITA SPRING, FL 34135**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **NIELSON, ARNE**
STREET ADDRESS **15185 STORRINGTON PLACE, # D100**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **DP** ☐ Change ☒ Addition
NAME **KEITH KURZKA**
STREET ADDRESS **15113 ROYAL FERN COURT #C201**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **PD** ☒ Delete
NAME **TYBURSKI, MAUREEN**
STREET ADDRESS **15209 STORRINGTON PL #B200**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **SD** ☐ Change ☐ Addition
NAME **MICHAEL BRODERICK**
STREET ADDRESS **15161 STORRINGTON PLACE F 101**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **SD** ☐ Delete
NAME **CHYLLA, MARILYN**
STREET ADDRESS **15117 ROYAL FERN COURT #A-201**
CITY-ST-ZIP **NAPLES, FL 34110**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Michael Broderick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08
Date

Daytime Phone #