


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90117 018 \*\*\*\*61.25

**DOCUMENT # N00511**  
 1. Entity Name  
**BAY HILL ESTATES PROPERTY OWNERS ASSOCIATION, INC.**




Principal Place of Business: **ASSOCIATED PROPERTY MANAGEMENT, 1928 LAKE WORTH RD, LAKE WORTH FL 33461 US**  
 Mailing Address: **ASSOCIATED PROPERTY MANAGEMENT, 1928 LAKE WORTH RD, LAKE WORTH FL 33461 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country

00000100  
  
 1st MOORE CR2E037 (10/05)  
 4. FEI Number: **59-2376493**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**DICKER, KRIVOK AND STOLOF, P.A.**  
**% JAMES KRIVOK**  
**1818 AUSTRALIAN AVE., STE 400**  
**WEST PALM BEACH FL 33409**

**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. I am familiar with, and accept the obligations of registered agent.**  
 SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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**

TITLE: PD NAME: <b>FILSON, DANIEL</b> STREET ADDRESS: <b>8787 MARLAMOOD LN</b> CITY-ST-ZIP: <b>WEST PALM BEACH FL 33412</b>	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: <b>PINCUS, LEWIS</b> STREET ADDRESS: <b>11550 BUCKHAVEN LN</b> CITY-ST-ZIP: <b>WEST PALM BEACH FL 33412</b>	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: <b>DUCKWORTH, EDGAR</b> STREET ADDRESS: <b>11837 DUNBAR CT</b> CITY-ST-ZIP: <b>WEST PALM BEACH FL 33412</b>	<input type="checkbox"/> Delete
TITLE: TD NAME: <b>RUSSEK, WILLIAM</b> STREET ADDRESS: <b>11960 TORREYANNA CIRCLE</b> CITY-ST-ZIP: <b>WEST PALM BEACH FL 33412</b>	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: <b>FISCHER, ERIC</b> STREET ADDRESS: <b>11708 RIVERCHASE RUN</b> CITY-ST-ZIP: <b>WEST PALM BEACH FL 33412</b>	<input type="checkbox"/> Delete
TITLE: D NAME: <b>SHAPIRO, TED</b> STREET ADDRESS: <b>11980 KESWICK WAY</b> CITY-ST-ZIP: <b>WEST PALM BEACH FL 33412</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: P NAME: <b>KUNTZ, HOWARD</b> STREET ADDRESS: <b>11737 RIVERCHASE RUN</b> CITY-ST-ZIP: <b>WEST PALM BEACH, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: <b>MILLER, REGINALD</b> STREET ADDRESS: <b>8858 MARLAMOOD LN.</b> CITY-ST-ZIP: <b>WEST PALM BEACH, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: <b>WEINGARTEN, JOHN</b> STREET ADDRESS: <b>11870 STONEHAVEN WAY</b> CITY-ST-ZIP: <b>WEST PALM BEACH, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: <b>DEITH, DAVID</b> STREET ADDRESS: <b>11738 RIVERCHASE RUN</b> CITY-ST-ZIP: <b>WEST PALM BEACH, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: <b>GIRACONE, JAMES</b> STREET ADDRESS: <b>11575 BUCKHAVEN LN.</b> CITY-ST-ZIP: <b>WEST PALM BEACH, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: <b>BAY, MICHAEL</b> STREET ADDRESS: <b>7805 WOODSMUIR DR.</b> CITY-ST-ZIP: <b>WEST PALM BEACH, FL 33412</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *[Handwritten Signature]* 1/21/06

ATTACHMENT

BAY HILL ESTATES POA — Pg. 2

50000757  
#N00511

D  
PINCUS, LEWIS  
11550 BUCKHAVEN LN.  
WEST PALM BEACH, FL 33412