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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03096** (7)
1. Corporation Name
LA JOLLA CONDOMINIUM ASSOCIATION OF BAY FOREST, INC.



Principal Place of Business 15455 ROYAL FERN LANE NORTH NAPLES FL 33963-7642 US	Mailing Address 15455 ROYAL FERN LANE NORTH NAPLES FL 33963-7642 US
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3. Date Incorporated or Qualified 05/15/1984	
4. FEI Number 65-0115399	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 15455 ROYAL FERN LANE N. Suite, Apt. #, etc.	2a. Mailing Address 2b 15455 ROYAL FERN LANE N. Suite, Apt. #, etc.
22 City & State 23 NAPLES FL	2c. City & State 2d NAPLES FL
24 Zip 34110	2e. Zip 34110
25 Country USA	2f. Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**A.S. DARR & ASSOC. INC.
2970 75th AVE NW
NAPLES FL 34104**

10. Name and Address of New Registered Agent
81 Name THERESA F. ROYLE
82 Street Address (P.O. Box Number is Not Acceptable) 15455 ROYAL FERN LANE NORTH
83 UNIT #36
84 City NAPLES
85 Zip Code FL 34110

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Theresa F. Royle* **17 April 98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	ANGELO, WENDELL A
STREET ADDRESS	15455 ROYAL FERN LANE N. #11
CITY-ST-ZIP	NAPLES FL
TITLE	PD
NAME	CLAES, LINDAHL
STREET ADDRESS	15455 ROYAL FERN LANE N. #37
CITY-ST-ZIP	NAPLES FL
TITLE	SD
NAME	STONE, JUDY
STREET ADDRESS	15455 ROYAL FERN LANE #24
CITY-ST-ZIP	NAPLES FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	THESA F ROYLE
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	THESA F ROYLE
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	THESA F ROYLE
3.2 NAME	THERESA F. ROYLE SD
3.3 STREET ADDRESS	15455 ROYAL FERN LANE N. #36
3.4 CITY-ST-ZIP	NAPLES, FL 34110
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Theresa F. Royle* **THERESA F. ROYLE** 31 Mar 98 941-566-9467
Signature and typed or printed name of signing officer or director Date Daytime Phone #

5-2E037 (10/97)