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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

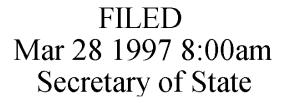
DOCUMENT #

1. Corporation Name

N09964

(0)

BAY VIEW RESERVE CONDOMINIUM ASSOCIATION, INC.



| Principal Place of Business Mailing Address 7550 HINSON ST. P O BOX 915408 CORLANDO FL 32819 LONGWOOD FL 32791-5408 | | | | | | | | |
|---|--|---|------------|---|--|-----------------------------------|----------------------------|-----------------------------|
| MEMPLO PE SZOTO | | US | | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/26/1985 04/17/1996 | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business 1. Principal Place of Business 2. Principal Place of Business 1. Principal Place of Business 2. Principal Place of Business 1. Principal Place of Business 2. Principal Place of Business 3. Principal Place of Business 4. Principal Place of Business 5. Principal Place of Business 5. Principal Place of Business 6. Principal Place of Business 6. Principal Place of Business 6. Principal Place of Business 8. Principal Place of Business 8. Principal Place of Business 9. Princ | | 28. Mailing Address 26 PO Box 520607 | | | 60 0040044 | | | oplied For |
| | | 26 POBOX 520607 27 O L. C. H., INC. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | е | City & State | OD, | Fb | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip 4 | Country 25 | Zip 29 32752-06073 | Cour | ntry 5 A | 8. This corporation has liability for Florida Statutes | | | |
| | 9. Name and Address of Curre | | | | 10. Name and Address of New Re | glatered A | gent | |
| | | | | 81 Name | | | | |
| WITHERELL, GRACE S ISLAND COMMUNITY MANAGEMENT INC | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 495 SUN | IILAND AVENUE | | ſ | 83 | | | | |
| LONGW | OOD FL 32750 | | | 84 City | | FL | 85 Zip | Code |
| office or r | to the provisions of Sections 617.05 egistered agent, or both, in the Stat in familiar with, and accept the obli | e of Florida. Such change was au | thorized | by the corpora | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of of the appo | changing It sintment as | is registered registered |
| signature . | Signature, typed or printed name of registered # | gent and title if applicable. {NOTE: | Registered | Agent signature requi | ired when reinstating) | DATE | | |
| 12. | OFFICERS AI | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | IS IN 12 |
| TITLE | SD | ☐ DELETE | 1.1 TIT | LE I | ······································ | | Change | Additio |
| JAME | WIRTZ, GAYLE | | 1,2 NA | ME | | | | |
| STREET ADDRESS | 7550 HINSON ST #3D | | 1.3 \$7 | REET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL 32819 | | | Y-ST-ZIP | | | | |
| 1111-31-21F 111LE | PD PD | DELETE | 2.1 111 | | | | Change | ☐ Additio |
| NAME | 7 7 | | 2.2 NA | | | | Lil Onlingo | |
| | PROFETA, PAULINE | | | | | | | |
| STREET ADDRESS | 7550 HINSON ST #6A | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL | DELETE | 2.4 CI | ry-ST-ZIP | | | Change | ☐ Additio |
| | NODDOW DODEDT | FTI DEFETE | | | | | change | L AMAIN |
| NAME | MORROW, ROBERT 7550 HINSON ST #4D | | 3.2 NA | ME REET ADORESS | | | | |
| STREET ADDRESS | ORLANDO FL | | | | | | | |
| CITY - ST - 2IP | TD | DELETE | 4.1 TIT | Y-ST-ZIP | | | Change | Additio |
| NAME | · • | C percie | 4.1 JIII | 1 | | I | onange | L_ Addition |
| | WANDER, ALICE | | | | | | | |
| TREET ADDRESS | 7550 HINSON ST #11 | | 1 | REET ADORESS | | | | |
| CITY - ST - ZIP | ORLANDO FL VPD | ☐ DELETE | 5 1 TIT | Y-ST-ZIP | | | Change | Additio |
| NAME : | JULIAN, DARRELL | M percie | 5.2 NA | 5 | | | O.,milgo | - Addition |
| | | | 1 | | | | | |
| STREET ADDRESS | 7550 HINSON ST #15D | | | REET ADDRESS | | | | |
| CITY - ST - ZIP | ORLANDO FL | DELETE | | Y-ST-ZIP | | | Change | Additio |
| riitl€ | | F") DETER | 6.1 TIT | | | | Literange | Addiction |
| NAME | | | 6.2 NA | I | | | | |
| STREET ADDRESS | | | 6.3 ST | REET ADDRESS | | | | |
| CITY - ST - ZIP | | | 6.4 CIT | Y-ST-ZIP | | | | |

14. I do 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

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 Daig

Daytime Phone # 0018370