

FILE NOW: FILING FEE IS \$61.25

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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09964** (0)
1. Corporation Name
BAY VIEW RESERVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**7550 HINSON ST.
ORLANDO FL 32819** **P O BOX 615408
LONGWOOD FL 32791-5408
US**

3. Date Incorporated or Qualified **06/26/1985** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2213244** Applied For
21 Suite, Apt. #, etc. **26** **PO Box 520607** Not Applicable
22 City & State **27** **PO I.C.M., INC.** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
23 Zip Country **28** City & State **LONGWOOD, FL** 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
24 Zip Country **29** Zip Country **30** **32752-0607 USA** 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WITHERELL, GRACE S
ISLAND COMMUNITY MANAGEMENT INC
495 SUNILAND AVENUE
LONGWOOD FL 32750**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIRTZ, GAYLE	1.2 NAME	
STREET ADDRESS	7550 HINSON ST #3D	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFETA, PAULINE	2.2 NAME	
STREET ADDRESS	7550 HINSON ST #6A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, ROBERT	3.2 NAME	
STREET ADDRESS	7550 HINSON ST #4D	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDER, ALICE	4.2 NAME	
STREET ADDRESS	7550 HINSON ST #11	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, DARRELL	5.2 NAME	
STREET ADDRESS	7550 HINSON ST #15D	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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: Alice Wander SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3/24/97** Daytime Phone # **0018370**

CR2E037 (9/96)