


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09964 (0)**

1. Corporation Name  
**BAY VIEW RESERVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>7550 HINSON ST.                  ORLANDO FL 32819</b>	Mailing Address <b>PO BOX 520607                  C/O IGM, INC                  LONGWOOD FL 32752-0607                  US</b>
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3. Date Incorporated or Qualified <b>06/26/1985</b>	
4. FEI Number <b>59-2213244</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

2. Principal Place of Business <b>21</b> Suite, Apt #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>WITHERELL, GRACE S                  ISLAND COMMUNITY MANAGEMENT INC                  495 SUNLAND AVENUE                  LONGWOOD FL 32750</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIRTZ, GAYLE</b>	1.2 NAME	
STREET ADDRESS	<b>7550 HINSON ST #3D</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROFETA, PAULINE</b>	2.2 NAME	
STREET ADDRESS	<b>7550 HINSON ST #6A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>7550 HINSON ST #4D</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WANDER, ALICE</b>	4.2 NAME	
STREET ADDRESS	<b>7550 HINSON ST #11</b>	4.3 STREET ADDRESS	<b>DE LONG, SUSAN</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	<b>7550 HINSON ST. #11D</b>
TITLE	<b>VPD</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JULIAN, DARRELL</b>	5.2 NAME	
STREET ADDRESS	<b>7550 HINSON ST #15D</b>	5.3 STREET ADDRESS	<b>GREEN, RALPH</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	<b>7550 HINSON ST., #7D</b>
TITLE		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 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 supplement 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: \_\_\_\_\_ 7/13/98

CR2E037 (10/97)