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**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90066 043 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09964**

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

Principal Place of Business 7550 HINSON ST. ORLANDO FL 32819	Mailing Address PO BOX 520607 C/O IGM, INC LONGWOOD FL 32752-0607 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>Bay View Reserve.</b>	3. Date Incorporated or Qualified <b>06/26/1985</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>7550 HINSON ST.</b>	4. FEI Number <b>59-2213244</b>
City & State 23	City & State 28 <b>Orlando FL.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Country 25	Zip 29 <b>32819</b>	Country 30 <b>Orange.</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Philip T. Adamo**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7550 HINSON ST.**  
 83  
 84 City **Orlando** FL 85 Zip Code **32819**

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 **Philip T. Adamo** **Philip T. Adamo** **Property Manager.** **3/5/99**  
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	SD	<input type="checkbox"/> DELETE
NAME	WIRTZ, GAYLE	
STREET ADDRESS	7550 HINSON ST #3D	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PROFETA, PAULINE	
STREET ADDRESS	7550 HINSON ST #6A	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MORROW, ROBERT	
STREET ADDRESS	7550 HINSON ST #4D	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DELONG, SUSAN	
STREET ADDRESS	7550 HINSON ST #11	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, RALPH	
STREET ADDRESS	7550 HINSON ST #7D	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: **Philip T. Adamo** **Philip T. Adamo** **3/5/99** **407-351-0524.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0014275

CR2E037 (1/1/98)