FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N47157 (5)

1. Corporation Name

BAY FOREST POOL COMMONS #2, INC.

Principal Place of Business	Mailing Address
15330 CEDARWOOD LANE #101 NAPLES FL 33963	15330 CEDARWOOD LANE #101 NAPLES FL 33963

3. Date Incorporated or Qualified: 02/03/1992	3a. Date of Last Report: 02/15/1995
4. FEI Number: 59-2341046	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business
21: 15400 Cedarwood Ln
22 Suite, Apt. #, etc.: #104
23 City & State: Naples FL
24 Zip: 33963
25 Country: Collier

2a. Mailing Address
26:
27 Suite, Apt. #, etc.: Same
28 City & State:
29 Zip:
30 Country:

9. Name and Address of Current Registered Agent

STOPPS, WILLIAM E.
16565 VANDERBILT DRIVE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: Robert R Phillips
82 Street Address (P.O. Box Number is Not Acceptable): 15400 Cedarwood Ln #104
83:
84 City: Naples FL 85 Zip Code: 33963

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: Robert R Phillips
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP NOVINS, JESICA 15500 CEDARWOOD LANE NAPLES FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Dawson, Marie 15508 Cedarwood Ln Naples FL 33963	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CASTAGNA, RICHARD 15400 CEDARWOOD LANE #203 NAPLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHMIDT, NANCY 351 BAY FOREST DRIVE NAPLES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STOPPS, WILLIAM E. 15330 CEDARWOOD LANE #101 NAPLES FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T PHILLIPS, Robert R 15400 Cedarwood Ln #104 Naples, FL 33963	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert R Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 Date

941-592-1309 Daytime Phone #