

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90029 005 ****61.25

DOCUMENT # N47157

1. Entity Name

BAY FOREST POOL COMMONS #2, INC.

Principal Place of Business

15330 CEDARWOOD LANE
SUITE 104
NAPLES FL 34110-3427
US

Mailing Address

15400 CEDARWOOD LANE
SUITE 104
NAPLES FL 34110
US

2. Principal Place of Business

15330 CEDARWOOD LANE

Suite, Apt. #, etc.

NAPLES, FL 34110

City & State

Zip

Country

3. Mailing Address

15400 CEDARWOOD LANE

Suite, Apt. #, etc.

15400 CEDARWOOD LANE #104

City & State

NAPLES, FL

Zip

Country

34110



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2341046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HELLER, JOHN**
STREET ADDRESS **353 BAY FOREST DR**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **DS** ☐ Delete
NAME **CORBOY, NANCY**
STREET ADDRESS **15350 CEDARWOOD LN #102**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **BMD** ☒ Delete
NAME **ORENT, JACK**
STREET ADDRESS **15514 CEDARWOOD LN**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **BMD** ☐ Delete
NAME **WISE, SHIRLEY**
STREET ADDRESS **15450 CEDARWOOD LN #102**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BM** ☐ Change ☒ Addition
NAME **EVA KONTOS**
STREET ADDRESS **15470 CEDARWOOD LANE #201**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **BM** ☐ Change ☒ Addition
NAME **GILMAN ALSTAD**
STREET ADDRESS **361 BAY FOREST DRIVE**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **T** ☐ Change ☒ Addition
NAME **MARGARET PHILLIPS**
STREET ADDRESS **15400 CEDARWOOD LANE #104**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARGARET P. PHILLIPS**
Margaret P. Phillips, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2001 **(941) 592-1309**
Date Daytime Phone #

CR2E037 (10/00)