

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002754 (9)
 1. Corporation Name
BAY HILL COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044	Mailing Address 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044
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3. Date Incorporated or Qualified
06/01/1994

4. FEI Number
59-3290417

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HART, JAMES W JR
 2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32779-5044**

10. Name and Address of New Registered Agent

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

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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLIMORE, ELLSWORTH G	1.2 NAME	SPURGEON, MICHAEL
STREET ADDRESS	1051 WINDERLEY PLACE, SUITE 307	1.3 STREET ADDRESS	8719 GREAT COVE DR
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLIMORE, SHIRLEY P	2.2 NAME	BROOKE, CHRISTOPHER
STREET ADDRESS	1051 WINDERLEY PLACE, SUITE 307	2.3 STREET ADDRESS	8702 GREAT COVE DR
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, LOUISE A	3.2 NAME	CRAMER, DAVID
STREET ADDRESS	1051 WINDERLEY PLACE, SUITE 307	3.3 STREET ADDRESS	8600 GREAT COVE DR
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOSEPHS JR, DELROY W
STREET ADDRESS		4.3 STREET ADDRESS	8726 GREAT COVE DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DAMON, THOMAS
STREET ADDRESS		5.3 STREET ADDRESS	8828 GREAT COVE DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HASH, GREGORY D
STREET ADDRESS		6.3 STREET ADDRESS	8744 GREAT COVE DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO FL 32819

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.

SIGNATURE: *Michael Spurgeon* **RECORDED**

CR2E037 (10/97)

BAY HILL COVE HOMEOWNER'S ASSOCIATION, INC.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
CONTINUED

13.	7.1	TITLE:	D	(ADDITION)
	7.2	NAME:	SMITH, SANDRA L	
	7.3	STREET ADDRESS:	8714 GREAT COVE DR	
	7.4	CITY-ST-ZIP	ORLANDO FL 32819	
	8.1	TITLE:		
	8.2	NAME:		
	8.3	STREET ADDRESS:		
	8.4	CITY-ST-ZIP		