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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002754

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 06/01/1994	4. FEI Number 59-3290417	Applied For Not Applicable
Country 25	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JAMES W JR 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPURGEON, MICHAEL	1.2 NAME	
STREET ADDRESS	8719 GREAT COVE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKE, CHRISTOPHER	2.2 NAME	BURNS, JOHN
STREET ADDRESS	8702 GREAT COVE DR	2.3 STREET ADDRESS	8816 GREAT COVE DR
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAMER, DAVID	3.2 NAME	HASH, CARRIE
STREET ADDRESS	8600 GREAT COVE DR	3.3 STREET ADDRESS	8744 GREAT COVE DR
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPHS, DELROY W JR	4.2 NAME	QUBTY, JEANA
STREET ADDRESS	8726 GREAT COVE DR	4.3 STREET ADDRESS	8725 GREAT COVE DR
CITY-ST-ZIP	ORLANDO FL 32819	4.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMON, THOMAS	5.2 NAME	
STREET ADDRESS	8828 GREAT COVE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASH, GREGORY D	6.2 NAME	
STREET ADDRESS	8744 GREAT COVE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	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: THOMAS DAMON 3/4/99 407.621-8701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)

BAY HILL COVE HOMEOWNERS' ASSOCIATION, INC.

ADDITION

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RICHARDSON, SUSAN
8823 GREAT COVE DR
ORLANDO FL 32819

475774-90020-37
N940000 8754