FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:21

DOCUMENT # N08155 (6)

1. Corporation Name
BAY HILLS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BAY HILLS VILLAGE CONDOMINIUM ASSOC., INC. 5012 W. LEMON ST. TAMPA FL 33609-1104 US	BAY HILLS VILLAGE CONDOMINIUM ASSOC. INC. 5012 W. LEMON STREET TAMPA FL 33609-1104 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1985
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2647222 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STEINER, NELSON, C
5012 LEMON STREET
TAMPA FL 33609

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
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	PSTD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STEINER, NELSON C.	1.2 NAME		
STREET ADDRESS	5012 LEMON STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE	DTS	☐ Change ☒ Addition
NAME	~~STEINER, STEVEN~~	2.2 NAME	JANET WINFIELD	
STREET ADDRESS	~~5012 LEMON STREET~~	2.3 STREET ADDRESS	5012 LEMON ST	
CITY-ST-ZIP	~~TAMPA FL~~	2.4 CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	3.1 TITLE	DVP	☒ Change ☐ Addition
NAME	HEIDENREICH, HENRY	3.2 NAME		
STREET ADDRESS	5012 LEMON ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BYRD, DONALD A	4.2 NAME		
STREET ADDRESS	5012 LEMON ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PLUMACHER, GENEVIEVE	5.2 NAME		
STREET ADDRESS	10510 BAY HILLS CIR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, SANDRA	6.2 NAME		
STREET ADDRESS	10602 BAY HILLS CIR	6.3 STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL	6.4 CITY-ST-ZIP		

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)(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 added by this amendment with an address.

SIGNATURE: _____ NELSON C. STEINER _____ (813) 289-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053037