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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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
USBAY HILLS VILLAGE CONDOMINIUM ASSOC. INC.
5012 W. LEMON STREET
TAMPA FL 33609-1104
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

03/14/1985

3a. Date of Last Report

03/13/1996

4. FEI Number

59-2647222

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINER, NELSON, C
5012 LEMON STREET
TAMPA FL 33609

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 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

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 PD ☐ DELETE
NAME STEINER, NELSON C.
STREET ADDRESS 5012 LEMON STREET
CITY-ST-ZIP TAMPA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME WINFIELD, JANET
STREET ADDRESS 5012 LEMON ST
CITY-ST-ZIP TAMPA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DVP ☐ DELETE
NAME HEIDENREICH, HENRY
STREET ADDRESS 5012 LEMON ST
CITY-ST-ZIP TAMPA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BYRD, DONALD A
STREET ADDRESS 5012 LEMON ST
CITY-ST-ZIP TAMPA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME CROSS, GENEVIEVE
STREET ADDRESS 10510 BAY HILLS CIR.
CITY-ST-ZIP THONOTOSASSA FL5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME Lou Hale
5.3 STREET ADDRESS 10614 BayHills Circle
5.4 CITY-ST-ZIP Thohotosassa FL 33592TITLE D ☒ DELETE
NAME MARSHALL, SANDRA
STREET ADDRESS 10602 BAY HILLS CIR
CITY-ST-ZIP THONOTOSASSA FL6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME Roy Rood
6.3 STREET ADDRESS 10618 BayHills Circle
6.4 CITY-ST-ZIP Thonotosassa FL 33592

14. I do 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:

Janet Winfield (Janet Winfield) 2/19/97 (813)289-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813-289-0500

CR2E037 (9/96)