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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

| | BAY HOMEOWNER'S ASSO | OCIATION, INC. | | | | | | |
|--|--|---|--|-----------------|--|--|--|--|
| Principal Place | e of Business | Mailing Address | | | 3 40011101 011 0011 010 01 40111 00110 | AIII ALAIT DIESE AIRTI AII | III BIBH PIBN IBBI | |
| 4904 PETRA CT WINTER SPRING US | | P O BOX 196194 Winter Springs FL 3271 US | 19-6194 | | Date Incorporated or Qualified | 3a. Date of La | et Penert | |
| | | | | | 08/22/1984 | 03/14/ | 1996 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number Applied For 59-2258482 Not Applied by | | | |
| Suite, Apt. | # ptc | Suite, Apt. #, etc. | | | 00 2200 102 | 60.7 | Not Applicable | |
| 22 | | 27 | | | 5. Certificate of Status Desired | | 75 Additional Required | |
| City & State | 9 | Crty & State | | | 6. Election Campaign Financing | \$5. | 00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | led to Fees | |
| Zip | Country | Zip | Oountry | | 8. This corporation has liability for | | er s. 199.032, | |
| 24 | [25] | 29 | [30] | | - | Yes No | | |
| | 9. Name and Address of Currer | it Hedistelen Waut | 81 Na | ame | 10. Name and Address of New Re | gistered Agent | | |
| CADD E | I I CAI | | | | | | | |
| SAPP, ELLEN 4904 PETRA CT | | B | | reet Addres | ddress (P.O. Box Number is Not Acceptable) | | | |
| | SPRINGS FL 32708 | | 83 | | | | ······································ | |
| | | | 84 Cit | tv | | — , 85 | Zip Code | |
| | | | | - | | FL_ `` | | |
| 11. Pursuent I | to the provisions of Sections 617.050 egistered agent, or both, in the State | 02 and 617,1508, Florida Statu o of Florida, Such change was | tes, the above-har | med corpor | ration submits this statement for the n's board of directors. I bereby acce | purpose of changi | ng its registered | |
| agent. I a | m familiar with, and accept the oblig | ations of Section 617.0503, Fi | lorida Statutes. | - согрогано | To board or directors, thoroby accept | perio appointmen | · Lo rogiotoroo | |
| | and the second s | | | | | | | |
| SIGNATURE _ | | | | · | | | | |
| | Signature, typed or printed name of registered age | | TE: Rogistered Agent sig | nature required | | DATE OF DO AND DIDEC | TODS IN 10 | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | 1 0 | ADDITIONS/CHANGES TO OFFI | CERS AND DIREC | ————— | |
| 12. THLE | OFFICERS AN | | 13. 1.1 TITLE | 1 0 | ADDITIONS/CHANGES TO OFFI | | ————— | |
| 12. TITLE NAME | OFFICERS AN PD REPPLE, JOAN S | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME | 1 0 | ADDITIONS/CHANGES TO OFFI | CERS AND DIREC | ————— | |
| 12. TITLE NAME STREET ADORESS | OFFICERS AN PD REPPLE, JOAN S 4932 TUSKABAY CT OP | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR | FISS 49 | ADDITIONS/CHANGES TO OFFICE DWARDS, MIKE 67 COURTLAND LOOP | CERS AND DIREC | ————— | |
| 12. TITLE NAME | PD REPPLE, JOAN S 4932 TUSKABAY CT OP WINTER SPRINGS FL | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME | FISS 49 | ADDITIONS/CHANGES TO OFFI | CERS AND DIREC | nge Addition | |
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6.4.0.00 statutes. I further 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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.

FILED

May 20 1997 8:00am

Secretary of State