


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N08155** (6)

1. Corporation Name

**BAY HILLS VILLAGE CONDOMINIUM ASSOCIATION, INC.**



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

3. Date incorporated or Qualified

**03/14/1985**

4. FEI Number

**59-2647222**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ Yes

**\$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

2. Principal Place of Business 21 <b>10506 Bay Hills Circle</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>10506 Bay Hills Circle</b> Suite, Apt. #, etc.
City & State 23 <b>Thonotosassa FL</b>	City & State 28 <b>Thonotosassa, FL</b>
Zip 24 <b>33592</b>	Zip 29 <b>33592</b>
Country 25 <b>US</b>	Country 30 <b>US</b>

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 <b>Robert L. Tankel Attorney at Law</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>1299 Main St Suite F</b>
83
84 City <b>Dunedin</b>
85 State <b>FL</b>
86 Zip Code <b>34698</b>

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 617.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>STEINER, NELSON, C.</b>	
STREET ADDRESS <b>5012 LEMON STREET</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WINFIELD, JANET</b>	
STREET ADDRESS <b>5012 LEMON ST</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HEIDENREICH, HENRY</b>	
STREET ADDRESS <b>5012 LEMON ST</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BYRD, DONALD A</b>	
STREET ADDRESS <b>5012 LEMON ST</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HALE, LOU</b>	
STREET ADDRESS <b>10614 BAYHILLS CIR</b>	
CITY-ST-ZIP <b>THONOTOSASSA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ROOD, ROY</b>	
STREET ADDRESS <b>10614 BAYHILLS CIR</b>	
CITY-ST-ZIP <b>THONOTOSASSA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Steiner Nelson</b>	
1.3 STREET ADDRESS <b>5012 Lemon St</b>	
1.4 CITY-ST-ZIP <b>Tampa FL</b>	
2.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Cindy Gertinisan</b>	
2.3 STREET ADDRESS <b>10506 Bay Hills Cir</b>	
2.4 CITY-ST-ZIP <b>Thonotosassa, FL</b>	
3.1 TITLE <b>PVD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Mike Gertinisan</b>	
3.3 STREET ADDRESS <b>10506 Bay Hills Cir</b>	
3.4 CITY-ST-ZIP <b>Thonotosassa FL 33592</b>	
4.1 TITLE <b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Sandy Marshall</b>	
4.3 STREET ADDRESS <b>10602 Bay Hills Cir</b>	
4.4 CITY-ST-ZIP <b>Thonotosassa, FL 33592</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Ruth Lindsay</b>	
5.3 STREET ADDRESS <b>10628 Bay Hills Cir</b>	
5.4 CITY-ST-ZIP <b>Thonotosassa, FL 33592</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **Cindy Gertinisan President** 1/26/98 813 986-1849

CR2E037 (10/97)