

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90011 045 ****61.25

DOCUMENT # 764028

1. Corporation Name

BAY SPRINGS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 1463~~
WINDERMERE FL 34786-1463

~~P.O. BOX 1463~~
WINDERMERE FL 34786-1463



2. Principal Place of Business

2a. Mailing Address

21 ~~52 E. South St.~~
Suite, Apt. #, etc.

26 ~~52 E. South St.~~
Suite, Apt. #, etc.

22 Orlando

27 Orlando

City & State

City & State

23 Florida

28 Florida

Zip Country

Zip Country

24 32801

25 USA

29 32801

30 USA

3. Date Incorporated or Qualified

07/06/1982

4. FEI Number

59-2260655

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Donald Asher

82 Street Address (P.O. Box Number is Not Acceptable)

52 E. South St.

83

Orlando, FL 32801

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

4/6/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME P
STREET ADDRESS D PLOUFFE, RICHARD
CITY-ST-ZIP 7500 QUAIL RUN COURT
ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME President/Director
1.3 STREET ADDRESS Betsy Lundeen
1.4 CITY-ST-ZIP 5403 Bay Lagoon Circle
Orlando, FL 32819 ☒ Change ☐ Addition

TITLE ☒ DELETE
NAME P
STREET ADDRESS TROCKI, PAUL
CITY-ST-ZIP 5528 SPRING RUN AVE
ORLANDO FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Vice President/Director
2.3 STREET ADDRESS JAMIE Lavine
2.4 CITY-ST-ZIP 7668 Holly Oak Ct.
Orlando, FL 32819 ☒ Change ☐ Addition

TITLE ☒ DELETE
NAME D
STREET ADDRESS CAFIERO, JOSEPH R
CITY-ST-ZIP 5549 BAY LAGOON CIRCLE
ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME Secretary/Treasurer/Director
3.3 STREET ADDRESS Michael Sedlak
3.4 CITY-ST-ZIP 5613 Baybrook Ave.
Orlando, FL 32819 ☐ Change ☐ Addition

TITLE ☒ DELETE
NAME D
STREET ADDRESS SCHOEFFLER, RAYMOND
CITY-ST-ZIP 5631 SPRING RUN AVE
ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME T
STREET ADDRESS PETITT, KIMBERLY
CITY-ST-ZIP 5404 SPRING RUN AVE
ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/2/99

425-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)