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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08155**

1. Corporation Name

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

Principal Place of Business

10506 BAY HILLS CIRCLE  
 THONOTOSASSA FL 33592  
 US

Mailing Address

10506 BAY HILLS CIRCLE  
 THONOTOSASSA FL 33592  
 US



2. Principal Place of Business

21 10628 Bay Hills Cir

Suite, Apt. #, etc.

22

23 THONOTOSASSA FL

24 33592 25 USA

2a. Mailing Address

26 115 S Dale Mabry Hwy

Suite, Apt. #, etc.

27 Suite 300

28 TAMPA, FL

29 33609 30 USA

3. Date Incorporated or Qualified

03/14/1985

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

9. Name and Address of Current Registered Agent

TANKEL, ROBERT L. ATT.  
 1299 MAIN STREET  
 SUITE F  
 DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name DIANNE BLAKE, UNIQUE PROP. SERV  
 82 Street Address (P.O. Box Number is Not Acceptable) 115 S DALE MABRY HWY STE 300  
 83  
 84 City TAMPA, FL 85 Zip Code 33609

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 Dianne D Blake LCAM

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
 NAME STEINER, NELSON C.  
 STREET ADDRESS 5012 LEMON STREET  
 CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE  
 NAME WINFIELD, JANET  
 STREET ADDRESS 5012 LEMON ST  
 CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
 NAME HEIDENREICH, HENRY  
 STREET ADDRESS 5012 LEMON ST  
 CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE  
 NAME BYRD, DONALD A  
 STREET ADDRESS 5012 LEMON ST  
 CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE  
 NAME HALE, LOU  
 STREET ADDRESS 10614 BAYHILLS CIR  
 CITY-ST-ZIP THONOTOSASSA FL

TITLE PD ☒ DELETE  
 NAME GERTINISAN, CINDY  
 STREET ADDRESS 10506 BAY HILLS CIRCLE  
 CITY-ST-ZIP THONOTOSASSA FL 33592

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VB ☐ Change ☒ Addition  
 1.2 NAME JEANNE ANN OSBORNE  
 1.3 STREET ADDRESS 10533 BAY HILLS CIR  
 1.4 CITY-ST-ZIP THONOTOSASSA, FL 33592

2.1 TITLE D ☐ Change ☒ Addition  
 2.2 NAME EDDIE STEVENS  
 2.3 STREET ADDRESS 12513 BAY HILLS CIR  
 2.4 CITY-ST-ZIP THONOTOSASSA, FL 33592

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

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

5.1 TITLE SD ☐ Change ☒ Addition  
 5.2 NAME SANDRA MARSHALL  
 5.3 STREET ADDRESS 12602 BAY HILLS CIR  
 5.4 CITY-ST-ZIP THONOTOSASSA FL 33592

6.1 TITLE PD ☐ Change ☒ Addition  
 6.2 NAME RUTH LINDSEY  
 6.3 STREET ADDRESS 10628 BAY HILLS CIR  
 6.4 CITY-ST-ZIP THONOTOSASSA, FL 33592

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: Ruth E Lindsay **SIGNATURE REQUIRED** Ruth E Lindsay 4/21/99 818-986-7623  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)