

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90302 035 \*\*\*\*70.00

DOCUMENT # N08155

1. Entity Name

BAY HILLS VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10628 BAY HILLS CIR  
THONOTOSASSA FL 33592  
US

Mailing Address

7628 N. 56TH ST 8  
TAMPA FL 33617  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM X  
WISE PROPERTY MGMT  
7628 N. 56TH 8  
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

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

16105 N. FLORIDA

SUITE A

City

LUTZ

FL

Zip Code

33549

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE • D ☐ Delete

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

TITLE • PD ☒ Delete

NAME OSBORNE, JEAN  
STREET ADDRESS 10533 BAY HILLS CIR  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE • VPD ☐ Delete

NAME SAURS, RUSSELL  
STREET ADDRESS 10540 BAY HILLS CIR  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE • STD ☒ Delete

NAME STEWART, JUSTINE  
STREET ADDRESS 10539 BAY HILLS CIR  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE • D ☒ Delete

NAME CROSS, JAY  
STREET ADDRESS 10510 BAY HILLS CIR  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE • D ☒ Delete

NAME HARPER, MICCIE  
STREET ADDRESS 10617 BAY HILLS CIR  
CITY-ST-ZIP THONOTOSASSA FL 33592

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE • ☒ Change ☐ Addition

NAME   
STREET ADDRESS 4300 W. CYPRESS, SUITE 150  
CITY-ST-ZIP TAMPA FL 33607-4162

TITLE • PD ☐ Change ☒ Addition

NAME MARY LEE  
STREET ADDRESS 10611 BAY HILLS CIR  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE • ☐ Change ☐ Addition

NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE • STD ☐ Change ☒ Addition

NAME PAMELA LEE  
STREET ADDRESS 10611 BAY HILLS CIR  
CITY-ST-ZIP THONOTOSASSA FL 33592

TITLE • D ☐ Change ☒ Addition

NAME PEGGYE CAMPOS  
STREET ADDRESS BOX 1085  
CITY-ST-ZIP MANGO, FL 33550

TITLE • D ☐ Change ☒ Addition

NAME JAY Quigley  
STREET ADDRESS 10511 Bay Hills Cir  
CITY-ST-ZIP THONOTOSASSA FL 33592

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)