

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90014 013 ****61.25

DOCUMENT # 721132

1. Entity Name
BAY HILL APARTMENTS, INC.



Principal Place of Business
P.O. BOX 568846
ORLANDO, FL 32856-8846

Mailing Address
P.O. BOX 568846
ORLANDO, FL 32856-8846

24084388



05272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1555934

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLTERS, PAMELA
87 W MICHIGAN ST
ORLANDO, FL 32806

**DO NOT WRITE
IN THIS SPACE**

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIGIOVANNI, SAM 6222 MASTERS BLVD B-202 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARENBERG, J T 6250 MASTERS BLVD D-104 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FELICETTI, RAY 6220 MASTERS BLVD A-202 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAULL, GERALD Lee Hirsch 6220 MASTERS BLVD. 6256 C-202 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCKWELL, LEAR LEWIS 6222 MASTERS BLVD B-302 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D CARDILLI, NORMAN 6220 MASTERS BLVD. A-203 ORLANDO, FL 32819

**DO NOT WRITE
IN THIS SPACE**

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 *Sam Digiovanni* **SAM DIGIOVANNI** 409-844-6248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
721132 24684388

D
Rose D'Aiuto
6258 Masters Blvd. C-104
Orlando, FL 32819
