

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721132

Entity Name: BAY HILL APARTMENTS, INC.

Current Principal Place of Business:

6511 PINECASTLE BLVD
ORLANDO, FL 32809

Current Mailing Address:

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

FEI Number: 59-1555934

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLTERS, PAMELA
6511 PINECASTLE BLVD
ORLANDO, FL 32809 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name MURPHY, MICHELLE
Address 6256 MASTERS BLVD C-103
City-State-Zip: ORLANDO FL 32819

Title S
Name D'AIUTO, ROSE
Address 6258 MASTERS BLVD C-104
City-State-Zip: ORLANDO FL 32819

Title P
Name CARDILLI, NORMAN
Address 6220 MASTERS BLVD A-203
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name STOECKER, KEN
Address 6220 MASTERS BLVD A-301
City-State-Zip: ORLANDO FL 32819

Title VP
Name DIGIOVANNI, SAM
Address 6222 MASTERS BLVD B-202
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name FARRELL, EUGENE
Address 6260 MASTERS BLVD C-101
City-State-Zip: ORLANDO FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORMAN CARDILLI

PRESIDENT

01/28/2014

Electronic Signature of Signing Officer/Director Detail

Date