

**2015 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

*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**

**02/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date