## 2016 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

FILED Mar 09, 2016

**Secretary of State** 

CC2472195128

Officer/Director Detail:

Title T Title S

Name MURPHY, MICHELLE Name D'AIUTO, ROSE

Address 6256 MASTERS BLVD C-103 Address 6258 MASTERS BLVD C-104

City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

Title P Title DIRECTOR

Name CARDILLI, NORMAN Name STOECKER, KEN

Address 6220 MASTERS BLVD A-203 Address 6220 MASTERS BLVD A-301

City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/09/2016

Date