

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00511

Entity Name: BAY HILL ESTATES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**600 SANDTREE DRIVE - STE. 109
PALM BEACH GARDENS, FL 33403**Current Mailing Address:**600 SANDTREE DRIVE - STE. 109
PALM BEACH GARDENS, FL 33403 US**FEI Number:** 59-2376493**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOX, WACKEEN, DUNGEY, BEARD, GOLDMAN ET AL
% J. HENRY CARTWRIGHT, ESQ.
3473 SE WILLOUGHBY BOULEVARD
STUART, FL 34994 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 | P | Title | VP |
| Name | DUBELL, TOM | Name | KUNDALKAR, RAJ |
| Address | 600 SANDTREE DR. SUITE 109 | Address | 600 SANDTREE DR. SUITE 109 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 | City-State-Zip: | PALM BEACH GARDENS FL 33403 |
| Title | S | Title | ASST. SECRETARY |
| Name | LEMONGELLO, GERARD | Name | LANGER, LARRY |
| Address | 600 SANDTREE DR. SUITE 109 | Address | 600 SANDTREE DR. SUITE 109 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 | City-State-Zip: | PALM BEACH GARDENS FL 33403 |
| Title | T | Title | D |
| Name | TUOT, JAMES | Name | CENTRELLA, JOHN |
| Address | 600 SANDTREE DR. SUITE 109 | Address | 600 SANDTREE DR. SUITE 109 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 | City-State-Zip: | PALM BEACH GARDENS FL 33403 |
| Title | D | Title | D |
| Name | GUADAGNI, ROBERT | Name | KOKKINOS, CHRISTINE |
| Address | 600 SANDTREE DR. SUITE 109 | Address | 600 SANDTREE DR. SUITE 109 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 | City-State-Zip: | PALM BEACH GARDENS FL 33403 |

Continues on page 2

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: TOM DUBELL

P

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------------------|
| Title | D |
| Name | KREISNER, KATHY |
| Address | 600 SANDTREE DR. SUITE 109 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 |