
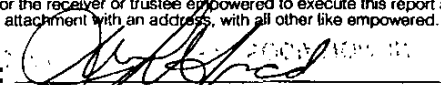


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90010 017 \*\*\*\*61.25

<b>DOCUMENT # 714766</b>			
1. Entity Name BAY HILL PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 7575 DR PHILLIPS BLVD SUITE 155 ORLANDO, FL 32819 US		Mailing Address 7575 DR PHILLIPS BLVD SUITE 155 ORLANDO, FL 32819 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHORT, HOUSTON E 280 W. CANTON AVENUE STE 410 WINTER PARK, FL 32790		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENOS, JEFF MR	NAME	
STREET ADDRESS	9170 BAY HILL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IMFELD, MATT MR.	NAME	BREWER, Philip MR.
STREET ADDRESS	5804 TARAWOOD DR.	STREET ADDRESS	9142 BAY HILL BLVD.
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	ORLANDO, FL 32813
TITLE	TRS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATT, RUSSELL MR.	NAME	
STREET ADDRESS	6262 INDIAN MEADOW	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	D VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBERT, MURIEL MRS.	NAME	
STREET ADDRESS	8997 LE VALLEY CT.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JOHN MR	NAME	
STREET ADDRESS	6124 CHESHIRE LN.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMAR, LESLIE	NAME	WALL, DAVID MR.
STREET ADDRESS	6105 ORANGE HILL CT	STREET ADDRESS	6283 INDIAN MEADOW
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	ORLANDO, FL 32819
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 		Date: 2/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. WHITEHEAD MANAGER		Daytime Phone #	