

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90046 022 ****61.25

DOCUMENT # 721132

1. Entity Name

BAY HILL APARTMENTS, INC.



Principal Place of Business

P.O. BOX 568846
ORLANDO FL 32856-8846

Mailing Address

P.O. BOX 568846
ORLANDO FL 32856-8846

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1555934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLTERS, PAMELA
87 W MICHIGAN ST
ORLANDO FL 32806

5516 COMMERCE DR.
SUITE 3100
ORLANDO, FL 32839

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
ARENBERG, J T
6250 MASTERS BLVD D-104
ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
D'AUTO, ROSE
6258 MASTERS BLVD C-104
ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CARDILLI, NORMAN
6220 MASTERS BLVD A-203
ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FARRELL, EUGENE
6260 MASTERS BLVD C-101
ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
~~██████████~~
~~██████████~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WEST, SCOTT
6220 MASTERS BLVD A202
ORLANDO, FL 32819

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DIGIOANNI, SAM
6222 MASTERS BLVD. B202
ORLANDO, FL 32819

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: *Norman L. Cardilli, Sr.* **NORMAN L. CARDILLI, SR.** *2/21/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #