

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721132

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: BAY HILL APARTMENTS, INC.

## Current Principal Place of Business:

P.O. BOX 568846  
ORLANDO, FL 328568846

## New Principal Place of Business:

5516 COMMERCE DRIVE  
SUITE B100  
ORLANDO, FL 32839

## Current Mailing Address:

P.O. BOX 568846  
ORLANDO, FL 328568846

## New Mailing Address:

FEI Number: 59-1555934      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLTERS, PAMELA  
5516 COMMERCE DR  
SUITE B100  
ORLANDO, FL 32839 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: ARENBERG, J T  
Address: 6250 MASTERS BLVD D-104  
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete  
Name: D'AUTO, ROSE  
Address: 6258 MASTERS BLVD C-104  
City-St-Zip: ORLANDO, FL 32819

Title: PD ( ) Delete  
Name: CARDILLI, NORMAN  
Address: 6220 MASTERS BLVD A-203  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: FARRELL, EUGENE  
Address: 6260 MASTERS BLVD C-101  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: WEST, SCOTT  
Address: 6220 MASTERS BLVD A202  
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete  
Name: DIGIOANNI, SAM  
Address: 6222 MASTERS BLVD B202  
City-St-Zip: ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN CARDILLI

PD

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date