

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721132

FILED
Feb 16, 2010
Secretary of State

Entity Name: BAY HILL APARTMENTS, INC.

Current Principal Place of Business:

5516 COMMERCE DRIVE
SUITE B100
ORLANDO, FL 32839

New Principal Place of Business:

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
Name: ARENBERG, J T
Address: 6250 MASTERS BLVD D-104
City-St-Zip: ORLANDO, FL 32819

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

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

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

Title: D
Name: WEST, SCOTT
Address: 6220 MASTERS BLVD A-202
City-St-Zip: ORLANDO, FL 32819

Title: VPD
Name: DIGIOANNI, SAM
Address: 6222 MASTERS BLVD B-202
City-St-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

PD

02/16/2010

Electronic Signature of Signing Officer or Director

Date