

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 731534

FILED
Oct 14, 2009
Secretary of State

Entity Name: BAY HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14559 BAY HILLS DR
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 624
INDIAN PKS. BCH., FL 33785 US

New Mailing Address:

FEI Number: 59-1619343 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, DENNIS W
14559 BAY HILLS DR
LARGO, FL 33774 US

Name and Address of New Registered Agent:

JONES, DEBRA
14559 BAY HILLS DR
LARGO, FL 33774 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: DEBRA JONES

10/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SULLIVAN, DEBRA
Address: 14401 TANGLEWOOD DRIVE
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: ISKANDARANI, ANDI
Address: 10353 BAY HILLS DR
City-St-Zip: LARGO, FL 33774

Title: VP () Delete
Name: CROOKSHANKS, GENE
Address: 14559 BAY HILLS DR
City-St-Zip: LARGO, FL 33774 US

Title: D () Delete
Name: ROMANOFF, TERESA
Address: 14470 HILLVIEW DRIVE
City-St-Zip: LARGO, FL 33774

Title: T () Delete
Name: JONES, DENNIS
Address: 14559 BAY HILLS DR
City-St-Zip: LARGO, FL 33774

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: T (X) Change () Addition
Name: JONES, DEBRA
Address: 14559 BAY HILLS DR
City-St-Zip: LARGO, FL 33774

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: DEBRA SULLIVAN

S

10/14/2009

Electronic Signature of Signing Officer or Director

Date