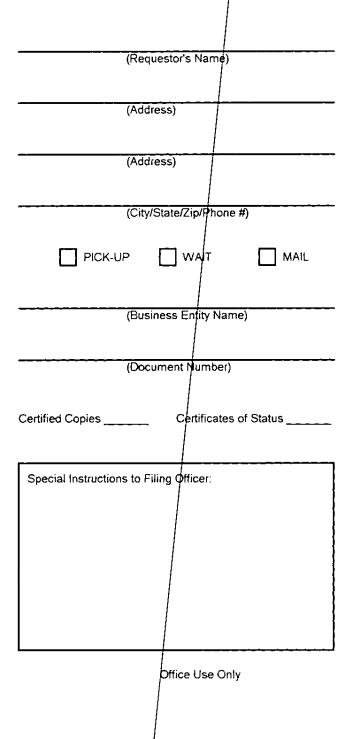
760068





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COVER LETTER

TO: Amendment So Division of Co	ection rporations				
_{ѕивјест:} Вау F	orest Homeowners A	ssociation, Inc.			
	Name of Corpora	tion			
DOCUMENT NUMB	760068				
	n of Change of Registered Office/Ager	nt and fee are submitted for filing.			
Please return all corres	pondence concerning this matter to the	following:			
Ste	even S. Valancy				
	Name of Contact Po	erson			
V	alancy & Reed, P.A				
	Firm/Company				
31	0 SE 13 Street				
	Address				
ft. Lauderdale, Florida 33316					
+	City/State and Zip (Code			
general@myflalaw.com					
E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please call:				
Steven S. V	′alancy at(954 463-1600 Area Code & Daytime Telephone Number			
Name of	Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions	of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sto	atutes, this		
statement of cha	inge is sub	mitted for a corporation organized under the laws of the State of Flo	rida	_	
		e its registered office or registered agent, or both, in the State of Flo	n Iua.		
1. The name of t	the corpora	Bay Forest Homeowners Association, Inc.			
2. The principal office address: 377 Bay Forest Drive, Naples, FL 34110					
3. The mailing a	ddress (if	different):			
4. Date of incorp	poration/q	ualification: 09/15/1981 Document number: 760068			
5. The name and Florida Depar	street add	dress of the current registered agent and registered office on file with State: (If resigned, enter resigned)	the		
	Chery	Kraus			
	1072	Goodlette Road North			
	Naples	s, FL 34102	<u></u> 6	20	
6. The name and (if changed):	i street add	dress of the new registered agent (if changed) and /or registered offic	EALLAH EALLAH	7027 OCT 17	
	Valand	y & Reed, P.A.	10		j .::555
	310 SE	E 13 Street	 :V	₽H L:	j i i
		P.O. Bux NOT acceptable	1	;; L0	
	Fort La	auderdale, Florida 33316		0	
The street addre	ess of its re be identic	egistered office and the street address of the business office of its real.	egistered a	gent,	
Such change wa authorized by th	is authoriz ne board, o	red by resolution duly adopted by its board of directors or by an of or the corporation has been notified in writing of the change.	ficer so		
Signatu	re of an office	Susannah R Philliproduction Printed or typed name and title	ps, To	easu	ver
I further agree ! performance of	to comply my duties, is document	ntment as registered agent and agree to act in this capacity, with the provisions of all statutes relative to the proper and compl, and I am familiar with and accept the obligation of my position a nt is being filed merely to reflect a change in the registered office of a proporation has been notified in writing of this change.	ete s registered address, I	đ	
		10 - 13 - 22 Date		_	
If signing on be					
Steven S. V					
	yped or Printe	d Name			
		* * * FILING FEE: \$35.00 * * *			
М	M/ AIL TQ: DI	ake checks payable to Florida Department of State vision of Corporations, P.O. Box 6327, Tallahassee, FL 323	114		

CR2E045 (03/12)