


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

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 760069</b> 1. Entity Name <b>BAY FOREST HOMEOWNERS ASSOCIATION, INC.</b> <b>COMMONS ONE</b>	
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Principal Place of Business <b>15531 ROYAL FERN LN. N.</b> <b>NAPLES FL 34-71-0</b>	Mailing Address % FINANCIAL MANAGEMENT SERVICES P.O. BOX 11496 NAPLES FL 34101-1496 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E037 (10/06)

City & State	City & State
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4. FEI Number <b>36-3495910</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>FINANCIAL MANAGEMENT SERVICES, INC.</b> <b>5020 TAMiami TRAIL N</b> <b>#110</b> <b>NAPLES FL 34103</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <input type="checkbox"/> Delete <b>FRIEDMAN, MARTIN</b> <b>15455 ROYAL FERN LANE #24</b> <b>NAPLES FL 34110</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD <input type="checkbox"/> Delete <b>BURKE, ED</b> <b>15345 WIMBORNE LANE</b> <b>NAPLES FL 34110</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT <input type="checkbox"/> Delete <b>STAMM, TONI</b> <b>15529 ROYAL FERN LANE</b> <b>NAPLES FL 34110</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000747454</b> <b>05/17/07-80026-019 61.25</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Martin M. Friedman*

4/7/07