

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760071 (1)

1. Corporation Name
BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS THREE



Principal Place of Business: **273 TAFT STREET NAPLES FL 33942**
Mailing Address: **273 TAFT STREET NAPLES FL 33942**

3. Date Incorporated or Qualified: **09/15/1981**
3a. Date of Last Report: **10/27/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 65-0578359	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable	
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30	Country						

9. Name and Address of Current Registered Agent

**ADKINS, WILLIAM H
273 TAFT STREET
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, GEORGE	1.2 NAME	Thomas A. Scott
STREET ADDRESS	15218 STORRINGTON PLACE #M100	1.3 STREET ADDRESS	15117 Royal Fern Court #A201
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDMAN, RICHARD	2.2 NAME	Louis Szabo
STREET ADDRESS	15221 STORRINGTON PLACE #A100	2.3 STREET ADDRESS	15209 Storrington Place #B201
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGLE, ELLIE	3.2 NAME	George Evans
STREET ADDRESS	15108 ROYAL FERN CT. #G101	3.3 STREET ADDRESS	15209 Storrington Place #B201
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	Naples, FL 33963
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. Scott **THOMAS A. SCOTT** 4/1/96 941-594-5371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)