

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34104-3812
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3. Date Incorporated or Qualified 09/15/1981	3a. Date of Last Report 04/05/1996
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2. Principal Place of Business 21 303 Fillmore Street	2a. Mailing Address 26 303 Fillmore Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Naples, Florida	City & State 28 Naples, Florida
Zip 24 34104	Country 25 US
Country 29 34104	Country 30 US

4. FEI Number 65-0578359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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)	303 Fillmore Street
83	
84 City	Naples FL
85 Zip Code	34104

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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, THOMAS A	
STREET ADDRESS	15117 ROYAL FERN COURT A201	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SZABO, LOUIS	
STREET ADDRESS	15209 STORRINGTEN PLACE B201	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, GEORGE	
STREET ADDRESS	15209 STORRINGTEN PLACE B201	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	George O'Donnell	
1.3 STREET ADDRESS	15218 Storrington Place Unit m100	
1.4 CITY-ST-ZIP	Naples, FL 34110	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Weidman	
2.3 STREET ADDRESS	15221 Storrington Place Unit A100	
2.4 CITY-ST-ZIP	Naples, FL 34110	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ted Fitz Kee	
3.3 STREET ADDRESS	15116 Royal Fern Court Unit B200	
3.4 CITY-ST-ZIP	Naples, FL 34110	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE **4-1-97**

CP2E037 (9/96)