


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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



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|--|--|
| Principal Place of Business 303 FILLMORE ST NAPLES FL 34104 US | Mailing Address 303 FILLMORE ST NAPLES FL 34104 US |
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|--|--|
| 3. Date Incorporated or Qualified 09/15/1981 | |
| 4. FEI Number 65-0578359 | Applied For <input type="checkbox"/> Not Applicable |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
|---|--|

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|--|
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**ADKINS, WILLIAM H
303 FILLMORE ST
NAPLES FL 34104**

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

| | | |
|--|--------------------------|--|
| TITLE PD | O'DONNELL, GEORGE | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 15218 STORRINGTON PLACE UNIT M100 | NAPLES FL | |
| TITLE VD | WEIDMAN, RICHARD | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 15221 STORRINGTON PLACE UNIT A100 | NAPLES FL | |
| TITLE STD | KEE, TED FITZ | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 15116 ROYAL FERN COURT UNIT B200 | NAPLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| TITLE | | <input type="checkbox"/> DELETE |
| TITLE | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME Lowell Snider | |
| 1.3 STREET ADDRESS 15210 Storrington Place #L101 | |
| 1.4 CITY-ST-ZIP Naples, FL 34110 | |
| 2.1 TITLE SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME Lester Kraft | |
| 2.3 STREET ADDRESS 15197 Storrington Place #C100 | |
| 2.4 CITY-ST-ZIP Naples, FL 34110 | |
| 3.1 TITLE TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME Byrd Crawford | |
| 3.3 STREET ADDRESS 15095 Royal Fern Court #F200 | |
| 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 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: Lowell Snider 4-1-98 744-261-1111

CR2E037 (10/97)