

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 # 760072 (9)

1. Corporation Name

BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS
FOUR



Principal Place of Business

Mailing Address

% FINANCIAL MANAGEMENT SERVICES
4501 TAMiami TRAIL NORTH, #223
NAPLES FL 33940
US

% FINANCIAL MANAGEMENT SERVICES
4501 TAMiami TRAIL NORTH #223
NAPLES FL 33940
US

3. Date Incorporated or Qualified
09/15/1981

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

29

30

4. FEI Number
65-0253402

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, LAURIE
% FINANCIAL MANAGEMENT SERVICES
4501 TAMiami TRAIL NORTH, #223
NAPLES FL 33940

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when removing)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MORAN, COLETTE
STREET ADDRESS 15081 ROYAL FERN CT H200
CITY-ST-ZIP NAPLES FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ST ☐ DELETE
NAME IVANCEVIC, KIRSTEN
STREET ADDRESS 15171 CEDARWOOD LANE
CITY-ST-ZIP NAPLES FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LYON, CHRIS
STREET ADDRESS 350 BAY FOREST DR
CITY-ST-ZIP NAPLES FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DARLINE, BRUCE
STREET ADDRESS 15197-2 MARJORCA BAY DR
CITY-ST-ZIP NAPLES FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME WHARTON, ROGER
STREET ADDRESS 322 CARINOSA CT
CITY-ST-ZIP NAPLES FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 941-5668988
Date: Daytime Phone #

CR2E037 (12/95)