

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 34103-3023
US3. Date Incorporated or Qualified
09/15/19813a. Date of Last Report
04/12/1996

2. Principal Place of Business

21 4933 Tamiami Tr N

2a. Mailing Address

26 4933 Tamiami Tr. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 Naples Fl

28 Naples Fl

Zip

Country

Zip

Country

24 34103

25 Collier

29 34103

30 Collier

4. FEI Number
65-0253402Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 3394081 Name
White, Laurie
82 Street Address (P.O. Box Number is Not Acceptable)
% Financial Management Services
83 4933 Tamiami Tr. N STE 200
84 City
Naples FL 85 Zip Code
34103

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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D MORAN, COLETTE DELETE
NAME
STREET ADDRESS 15081 ROYAL FERN CT H200
CITY-ST-ZIP NAPLES FLTITLE ST IVANCEVIC, KIRSTEN DELETE
NAME
STREET ADDRESS 15171 CEDARWOOD LANE
CITY-ST-ZIP NAPLES FLTITLE D LYON, CHRIS
NAME
STREET ADDRESS 350 BAY FOREST DR
CITY-ST-ZIP NAPLES FL 34110TITLE D DARLINE, BRUCE DELETE
NAME
STREET ADDRESS 15197-2 MARJORCA BAY DR
CITY-ST-ZIP NAPLES FLTITLE P WHARTON, ROGER
NAME
STREET ADDRESS 322 CARINOSA CT
CITY-ST-ZIP NAPLES FL 34110TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPCarlson, Jim
Chilington Ct. Cedarwood A201
Naples, Fl 34110
Bender, Mary Ann
Sea Pines 15210-2 Majorca Bay Dr
Naples, Fl 341103.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Hernandez, Ron
Plantation Homes 15081 Royal Fern ct.
Naples, Fl 341105.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
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.

CR2E037 (9/96)