

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90083 038 ****61.25

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DOCUMENT # 760072

1. Corporation Name

**BAY FOREST HOMEOWNERS ASSOCIATION, INC. COMMONS
FOUR**

Principal Place of Business

4933 TAMiami TR N.
STE 200
NAPLES FL 34103
US

Mailing Address

4933 TAMiami TR N
STE 200
NAPLES FL 34103
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/15/1981

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

9. Name and Address of Current Registered Agent

BUTLER, POLLY W
% FINANCIAL MANAGEMENT SERVICES
4933 TAMiami TR N, STE 200
NAPLES FL 34103

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

Polly W. Butler

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D CARLSON, JIM**
STREET ADDRESS **CHARLINGTON CT CEDARWOOD A201**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **ST BENDER, MARY ANN**
STREET ADDRESS **SEA PINES 15210-2 MAJORCA BAY DR.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **P LYON, CHRIS**
STREET ADDRESS **350 BAY FOREST DR**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ DELETE

NAME **D HENANDEZ, RON**
STREET ADDRESS **PLANTATION HOMES 15081 ROYAL FERN CT**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ DELETE

NAME **D WHARTON, ROGER**
STREET ADDRESS **322 CARINOSA CT**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Forster, Yvone
15077 Royal Fern Ct.
Naples, FL 34110

D. PERTZ BORN, PEG
348 CARINOSA CT
NAPLES, FL 34110

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, with all other like empowered.

SIGNATURE: *X* *Signature Required* *4/8/99* *741-592-0897*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)