

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005498**

1. Entity Name

FOUNTAINS AT BAY HILL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**7505 W. SAND LAKE ROAD
ORLANDO FL 32819**

Mailing Address

**7505 W. SAND LAKE ROAD
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITTALL, CHARLES
5301 CONROY RD, STE 180
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

Street (P.O. Box Number is Not Acceptable)

**7505 W Sand Lake Road
Orlando FL 32819**

City

FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTALL, CHARLES	
STREET ADDRESS	5301 CONROY RD, STE 180	
CITY-ST-ZIP	ORLANDO FL 32811	

TITLE	D	<input type="checkbox"/> Delete
NAME	MAHER, LEE J	
STREET ADDRESS	5301 CONROY RD, STE 180	
CITY-ST-ZIP	ORLANDO FL 32811	

TITLE	D	<input type="checkbox"/> Delete
NAME	SPEARS, WENDELL E	
STREET ADDRESS	5301 CONROY RD, STE 180	
CITY-ST-ZIP	ORLANDO FL 32811	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7505 W Sand Lake Road	
STREET ADDRESS	Orlando FL 32819	
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7505 W Sand Lake Road	
STREET ADDRESS	Orlando FL 32819	
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7505 W Sand Lake Road	
STREET ADDRESS	Orlando FL 32819	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

Charles Whittall**2/28/02****407 9999985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)