

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90054 012 \*\*\*\*61.25

**DOCUMENT # N00511**

1. Entity Name  
**BAY HILL ESTATES PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461 US**

Mailing Address  
**ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2376493**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DICKER, KRIVOK AND STOLOF, P.A.  
% JAMES KRIVOK  
1818 AUSTRALIAN AVE., STE 400  
WEST PALM BEACH, FL 33409**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUNTZ, HOWARD 11737 RIVERCHASE RUN WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, REGINALD 8858 MARLA MOOR LANE WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEINGARTEN, JOHN 11870 STONEHAVEN WAY WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEITH, DAVID 11738 RIVERCHASE RUN WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIACONE, JAMES 11575 BUCKHAVEN LANE WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAY, MICHAEL 7805 WOODSMUIR DR WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUBA, JAMES 11854 KESWICK WAY WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISCHER, ERIC 11708 RIVERCHASE RUN WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, MICHAEL 7805 WOODSMUIR DR. WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT (RUSTY) ROY 8255 WOODSMUIR DR. WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIVOK, JAMES 8255 WOODSMUIR DR. WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYMAN, RONALD 11528 RIVERCHASE RUN WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

**SIGNATURE:**

*Howard J. Kuntz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 56162422  
Date Daytime Phone #