2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# N05000010242

Entity Name: THE ESTATES AT BAYHILL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1013 NORTH STATE ROAD 7
SUITE C
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

8136 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33411

Current Mailing Address:

1013 NORTH STATE ROAD 7
SUITE C
ROYAL PALM BEACH, FL 33411

New Mailing Address:

8136 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33411

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATRICIA KIMBALL FLETCHER, P.A.
200 SOUTH BAYSHORE BLVD.
SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAPUTO, SHARON
Address: 1013 NORTH STATE ROAD 7 SUITE C
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VD ( ) Delete
Name: DREWS, ROBERT W
Address: 1013 NORTH STATE ROAD 7 SUITE C
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: STD ( ) Delete
Name: CIERPIK, JILL
Address: 1013 NORTH STATE ROAD 7 SUITE C
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON CAPUTO PD 03/31/2006

Electronic Signature of Signing Officer or Director — Date