

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08110

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** VILLAS AT BAY FOREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

15516 DEDARWOOD LN  
NAPLES, FL 33963 US

**New Principal Place of Business:**

15516 CEDARWOOD LN  
NAPLES, FL 34110 US

**Current Mailing Address:**

15516 CEDARWOOD LN  
NAPLES, FL 33963 US

**New Mailing Address:**

15516 CEDARWOOD LN  
NAPLES, FL 34110 US

**FEI Number:** 59-2580485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPMAN, MARY Y.  
15510 CEDARWOOD LANE  
NAPLES, FL 33963 US

**Name and Address of New Registered Agent:**

SIMONINI, LOUIS F.  
15506 CEDARWOOD LANE  
NAPLES, FL 34110 US

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: LOUIS F. SIMONINI

01/25/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: SCHNUR, LAWRENCE  
Address: 15512 CEDARWOOD LANE  
City-St-Zip: NAPLES, FL 34110

Title: DT ( ) Delete  
Name: CHAPMAN, MARY Y.,  
Address: 15510 CEDARWOOD LANE  
City-St-Zip: NAPLES, FL 33963

Title: DP ( ) Delete  
Name: ORCUTT, JACK  
Address: 15514 CEDARWOOD LANE  
City-St-Zip: NAPLES, FL 34410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: SCHNUR, LAWRENCE  
Address: 15502 CEDARWOOD LANE  
City-St-Zip: NAPLES, FL 34110

Title: DT (X) Change ( ) Addition  
Name: SIMONINI LOUIS F.,  
Address: 15506 CEDARWOOD LANE  
City-St-Zip: NAPLES, FL 34110

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: LOUIS F. SIMONINI

TREA

01/25/2007

Electronic Signature of Signing Officer or Director

Date