

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08110

FILED
Jan 19, 2009
Secretary of State

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

Current Principal Place of Business:

15516 CEDARWOOD LN
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

15516 CEDARWOOD LN
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-2580485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONINI, LOUIS F.
15506 CEDARWOOD LANE
NAPLES, FL 34110 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: DS () Delete
Name: SCHNUR, LAWRENCE
Address: 15502 CEDARWOOD LANE
City-St-Zip: NAPLES, FL 34110

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

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

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 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

MR

01/19/2009

Electronic Signature of Signing Officer or Director

Date