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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N09964 (0)

1. Corporation Name

BAY VIEW RESERVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7550 HINSON ST. ORLANDO FL 32819	P O BOX 915408 LONGWOOD FL 32791-408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1985
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2213244 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

PROFESSIONAL PROPERTY MANAGEMENT, INC.
237 LOOKOUT PL., SUITE 200
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: GRACE S. WITHERELL, ISLAND COMMUNITY MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 495 SUNLAND AVENUE
83
84 City: LONGWOOD FL 85 Zip Code: 32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Grace S. Witherell (GRACE S. WITHERELL) Pres. I. C. M., Inc. 3-3-'95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	WIRTZ, GAYLE	1.2 NAME	
STREET ADDRESS	7550 HINSON ST #3D	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	PROFETA, PAULINE	2.2 NAME	
STREET ADDRESS	7550 HINSON ST #6A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MORROW, ROBERT	3.2 NAME	
STREET ADDRESS	7550 HINSON ST #4D	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WANDER, ALICE	4.2 NAME	
STREET ADDRESS	7550 HINSON ST #11	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	☐ Change ☐ Addition
NAME	JULIAN, DARRELL	5.2 NAME	
STREET ADDRESS	7550 HINSON ST #15D	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished that does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/27/95 (407) 332-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0032048