

4/12/2021

Division of Corporations

Florida Department of State
N210001454103419

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H210001454103ABCS

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CONROY, CONROY & DURANT, P.A.
Account Number : 120190000025
Phone : (239)649-5200
Fax Number : (239)649-8140

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: filings@naplespropertylaw.com

FLORIDA PROFIT/NON PROFIT CORPORATION**Bay House Campus Master Association, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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4/13/21

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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Bay House Campus Master Association, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Michael A. Durant
Name (Printed or typed)

2210 Vanderbilt Beach Road, Suite 1201

Address

Naples, FL 34109

City, State & Zip

239-649-5200

Daytime Telephone number

filings@naplespropertylaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: Bay House Campus Master Association, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:
221 9th Street South

Mailing address, if different is:

Naples, FL 34102**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Manage affairs and responsibilities of the Bay House Campus PUD properties**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Each owner appoints a Director and two Directors appoint a third.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Grant Phelan, Director Name and Title: _____Address 3820 Via Del Ray Address: _____
Bonita Springs, FL 34134Name and Title: Peter Tierney, Director Name and Title: _____Address 221 9th Street South Address: _____
Naples, FL 34102Name and Title: Michael A. Durant, Director Name and Title: _____Address 2210 Vanderbilt Beach Road, #1201 Address: _____
Naples, FL 34109

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Michael A. DurantAddress: 2210 Vanderbilt Beach Road, Suite 1201Naples, FL 34109**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Peter TierneyAddress: 221 9th Street SouthNaples, FL 34102**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Required Signature of Registered Agent

4/9/21
Date*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Required Signature of Incorporator

4/9/21
Date

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