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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N24463

(4)

FAIRFIELD'S BAY HILL COVE, INC.

FILED Mar 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						+ HERINGE BYO LIDIT BIDIT BILLE DINGS WITH BIRIT			
P.O. DRAWER		1999S SAWORASS DR.: SUITE 9 P.O. DRAWER 1159							
PONTE VEDRA	BOH FL 32004	PONTE VEDRA BCH FL 320	104-1159			3. Date Incorporated or Qualified 01/22/1988		e of Last R 05/01/19	
2. Principal P	lace of Business	26. Malling Address 26				4. FEI Number 59-2965061		 	oplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			, , ,	5. Certificate of Status Desired			Additional equired
City & State	е	Crity & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cour	ntry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for			
24	25		30		,		Yes 🗀		
 -	9. Name and Address of Currer	t Registered Agent			Al	10. Name and Address of New Re	gistered A	gent	
				81	Name				,
	i, donald J. Seasons properties			82	Street Add	lress (P.O. Box Number is Not Acceptat	ole)		
	SAWGRASS DR., SUITE 3		ĺ	83					
PONTE	VEDRA BCH FL 32082		ľ	84	City	······································	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Statute	s. the ab	ove	-named con	poration submits this statement for the r		hanging it	ts registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was au	thorized	by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ot the appo	intment as	registered
	in familiar with, and accept the built	ations of, section 617.0503, Flor	iua stati	utes.	•				
SIGNATURE ,	Signature: typed or printed name of registered age	nt and title if applicable (NOTE:	Registered	Ager	nt signature requi	ired when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC		****	
TITLE	PD	☐ DELĒTE 1.1°					ŧ	Change	Addition
NAME	EISENSTAEDT, MARGARET		1.2 NA						
STREET ADDRESS	101 BAY HILL COVE PONTE VEDRA BCH FL				ADDRESS				1
CITY-ST-ZIP TITLE				1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAME				2.2 NAME			•		— () = -
STREET ADDRESS	103 BAY HILL COVE			2.3 STREET ADDRESS					
CITY - ST - ZIP	PONTE VEDRA BCH FL		2.4 CI		· I				
TITLE			_	3.1 TITLE				Change	☐ Addition
NAME	RDCLIFFE, JAMES		32 NA	ME					
STREET ADORESS	105 BAY HILL CT		3.3 ST	REET /	address			•	
CITY-SI-7IP	PONTE VEDRA BCH FL		3.4. CI		T-ZIP				
		☐ DELETE	4.1 TET				ι	Change	Addition
NAME			4. 2 N/						
STREET ADDRESS					ADDRESS				
CHY-ST-7IP		DELETE	4.4 CII 5.1 TII		- 4117			Change	Addition
NAME		hand week -	5.2 NA				•		
STREET ADDRESS			1		address				
CITY-ST-7/P			5.4 CI		•				
TITLE		☐ DELETE	6.1 TIT					Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET.	address				
CITY-ST-ZIP			6.4 CI				***************************************		
44 Ldo baro	by cortify that the information equalic	distant to a need well being the detail.	for the	***	metion state	d in Contino 110 07(3Vi). Findida Statute	a I fuetbox	aantiku that	the

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John Lusky 220+97

Caytime Phone # 0000024