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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24463

Corporation Name

FAIRFIELD'S BAY HILL COVE, INC.

Principal Place of Business 10036 SAWGRASS DR., SUITE 3 P.O. DRAWER 1159 PONTE VEDRA BCH FL 32004

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

10036 SAWGRASS DR., SUITE 3 P.O. DRAWER 1159

PONTE VEDRA BCH FL 32004

FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90002 049 ****61.25

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

01/22/1988

59-2965061

4. FEI Number

Zip Country Zip Country Zip Go Country G. Election Campaign Financing S5.00 May be Zip	23		28							e Keq	uirea
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent and Agent Agent Age		Country	Zip		Country			cing 🖂	•		
MUNCH, DONALD J. FOUR SEASONS PROPERTIES 10036 SAWGRASS DR., SUITE 3 PONTE VEDRA BCH FL 32082 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Floridal Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Floridal Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Floridal Statutes, the above-harmed corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Floridal Statutes, the above-harmed corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Floridal Statutes, the above-harmed corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Floridal Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Floridal Statutes, the above-harmed corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Floridal Statutes, the above-harmed corporations board of directors. I hereby accept the appointment as registered agent. 12.	24	25	29	30						ded to	Fees
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FOUR SEASONS PROPERTIES 10038 SAWGRASS DR., SUITE 3 PONTE VEDRA BCH F1 32082 35 36 37 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was submitzed by the corporation's board of directors. I hereby accept the appointment as registered agent agent, or both, in the State of Florids, Such change was submitzed by the corporation's board of directors. I hereby accept the appointment as registered agent agent and the registered of the purpose of changing its registered agent agent and the registered agent agent agent agent agent and the registered agent age					81	Name					
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PONTE VEDRA BCH FL 32082 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent agent, and are considered by the corporation's board of directors. I hereby accept the appointment as registered agent, and a statutes agent agent, and a statutes agent agent agent and the if applicable. (NOTE: Registered Agent agent agent and when revisable(p) DATE 12. OFFICERS AND DIRECTORS IN 12 ITILE PD OFFICERS AND DIRECTORS IN 12 ITILE ID SESNSTAEDT, MARGARET 101 BAY HILL COVE 10 STREET ADDRESS TITLE OFFICERS AND DIRECTORS IN 12 11 TITLE OFFICERS AND DIRECTORS IN 12 12 NAME 13 STREET ADDRESS TITLE OFFICERS AND DIRECTORS IN 12 14 TITLE OFFICERS AND DIRECTORS IN 12 15 TITLE OFFICERS AND DIRECTORS IN 12 16 TITLE OFFICERS AND DIRECTORS IN 12 17 TITLE OFFICERS AND DIRECTORS IN 12 18 TITLE OFFICERS AND DIRECTORS IN 12 19 TITLE OFFICERS AND DIRECTORS IN 12 21 NAME THE OFFICERS AND DIRECTORS IN 12 22 NAME 23 STREET ADDRESS CITY-ST-2P TITLE OFFICERS AND DIRECTORS IN 12 AND DITTIONS CHANGES IN 12 ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12					83						
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TITLE	SIGNATORE	Signature, typed or printed name of registered agent ar	d title if applicable.			t signature required			. DIDE	-070	0.01.40
STREET ADDRESS 101 BAY - HILL COVE	12.		DIRECTORS				ADDITIONS/CHANGES TO	OFFICERS ANI			
STREET ADDRESS	TITLE	PD		☐ DELETE	1.1 TITLE				∐ Cna	ange	☐ Addition
CITY-ST-ZP	NAME	EISENSTAEDT, MARGARET			1.2 NAME						
TITLE	STREET ADDRESS	101 BAY HILL COVE			1.3 STREET	ADDRESS					
TITLE NAME FRISBY, JOHN S. 103 BAY HILL COVE CITY-ST-ZIP PONTE VEDRA BCH FL 22 NAME 32 NAME 32 NAME 32 NAME 32 NAME RDCLIFFE, JAMES 33 STREET ADORESS CITY-ST-ZIP TITLE DELETE 105 BAY HILL CT DELETE 10 DELETE 11 TITLE 10 DELETE 11 TITLE 11 DELETE 12 NAME 13 STREET ADORESS CITY-ST-ZIP TITLE 12 NAME 14 STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS STREET AD	CITY-ST-ZIP	PONTE VEDRA BCH FL			1.4 CITY-ST	T-ZIP					
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MITGIFET 1					6.4 CITY-S	T-ZIP					
14. I 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 is the same legal effect as if made under path; that I am an indicated on this appeal of a 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 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 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 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 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 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 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 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification in the section 119.07(3)(i), Florida Statutes. I further certification in the section 119.07(3)(i), Florida Statutes. I further certification in the section 119.07(3)(i), Florida Statutes. I further certification in the section 119.07(3)(i), Florida Statutes. I further certification in the section 119.07(3)(i), Florida Statutes. I further certification in the section 119.07(i) in the section 119.07(i) in the sectio	14. I hereby	I certify that the information supplied with	this filing does	s not qualify for the	exempti	ion stated in S	Section 119.07(3)(i), Florida Statu	ites. I further cert	ify that	the in	formation

I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE

SECRETURE DEMOUTRESS CC. SIGNAYURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

904-285-1526

Daytime Phone #

RZE037 (11/98)

Applied For

\$8.75 Additional

Not Applicable