


**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90130 003 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N47157</b>					
1. Corporation Name <b>BAY FOREST POOL COMMONS #2, INC.</b>					
Principal Place of Business 15400 CEDARWOOD LANE SUITE 104 NAPLES FL 34110-8027 US			Mailing Address 15400 CEDARWOOD LANE SUITE 104 NAPLES FL 33963 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/03/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2341046	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PHILLIPS, ROBERT R 15400 CEDARWOOD LANE SUITE 104 NAPLES FL 34110				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2-19-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: <del>D</del> NAME: DAWSON, MARIE STREET ADDRESS: 15508 CEDARWOOD LN CITY-ST-ZIP: NAPLES FL				1.1 TITLE: President DP 1.2 NAME: John Heller 1.3 STREET ADDRESS: 353 Bay Forest Dr 1.4 CITY-ST-ZIP: Naples, FL 34110			
TITLE: <del>DP</del> NAME: CASTAGNA, RICHARD STREET ADDRESS: 15400 CEDARWOOD LN #203 CITY-ST-ZIP: NAPLES FL				2.1 TITLE: Secretary DS 2.2 NAME: Nancy Carbo 2.3 STREET ADDRESS: 15350 Cedarwood Ln #102 2.4 CITY-ST-ZIP: Naples, FL 34110			
TITLE: <del>DS</del> NAME: SCHMIDT, NANCY STREET ADDRESS: 351 BAY FOREST DRIVE CITY-ST-ZIP: NAPLES FL				3.1 TITLE: Board Member D 3.2 NAME: Jack O'neill 3.3 STREET ADDRESS: 15514 Cedarwood Ln 3.4 CITY-ST-ZIP: Naples, FL 34110			
TITLE: <del>Treasurer DT</del> NAME: PHILLIPS, ROBERT R STREET ADDRESS: 15400 CEDARWOOD LN #104 CITY-ST-ZIP: NAPLES FL				4.1 TITLE: Board Member D 4.2 NAME: Shirley Wise 4.3 STREET ADDRESS: 15450 Cedarwood Ln #102 4.4 CITY-ST-ZIP: Naples, FL 34110			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE				5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE				6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* DATE: 2-19-99

CR2E037 (11/98)