


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N47157 | |  |
| 1. Entity Name BAY FOREST POOL COMMONS #2, INC. | | |

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| Principal Place of Business 15330 CEDARWOOD LANE NAPLES, FL 34110 US | Mailing Address 15400 CEDARWOOD LANE #104 NAPLES, FL 34110 US |
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DO NOT WRITE IN THIS SPACE



02132005 No Chg-NP CR2E037 (10/03)

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|---|-------------------------------|
| 4. FEI Number 59-2341046 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

C/O PHILLIPS
15400 CEDARWOOD LANE
SUITE 104
NAPLES, FL 34110

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP HELLER, JOHN 353 BAY FOREST DR NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS CORBOY, NANCY 15350 CEDARWOOD LN #102 NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | BMD WISE, SHIRLEY 15450 CEDARWOOD LN #102 NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | BM SCHNUR, LARRY 15502 CEDARWOOD LANE NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T PHILLIPS, MARGARET 15400 CEDARWOOD LANE #104 NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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U00000299131
04/11/05-80096-012 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARGARET R. PHILLIPS, Treasurer* *April 5, 2005* *239.592.1309*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #