2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N47157

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

FILED
Apr 12, 2006 08:00 AM
Secretary of State

Principal Place of Business

15330 CEDARWOOD LANE NAPLES, FL 34110 US Mailing Address

15400 CEDARWOOD LANE #104

NAPLES, FL 34110 US



02022006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2341046 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE: \_

DO	TON	WRI	ΓE
IN	THIS	SPAC	E

NAPLES, FL 34110			IN THIS STACE		
8. The above the obligation	named entity submits this statement for the plans of registered agent.	purpose of changing its registere	d office ar r	egistered agent, or bott	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable. (NOTE: Registered			Agent signature	s required when reinstailing)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finantitust Fund Contribution.	cing 🔲	\$5.00 May 8e Added to Fees	1 i
10.	OFFICERS AND DIRE	CTORS		<u>'                                      </u>	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	DP HELLER, JOHN 353 BAY FOREST DR NAPLES, FL 34110			• •	U00000505164 04/26/06-80106-014 61.25
TITLE NAME STREET ADDRESS CITY-ST-TIP	DS CORBOY, NANCY 15350 CEDARWOOD LN #102 NAPLES, FL 34110				84/26/05-80106-014-61.25
TITLE NAME STREET ADDRESS CHY-ST-ZIP	BMD WISE, SHIRLEY 15450 CEDARWOOD LN #102 NAPLES, FL 34110			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SCHNUR, LARRY 15502 CEDARWOOD LANE NAPLES, FL 34110			IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, MARGARET 15400 CEDARWOOD LANE #104 NAPLES, FL 34110				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1 1 1	· · · · · · · · · · · · · · · · · · ·
12. I hereby of indicated of the cor changed,	certily that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	filling does not qualify for the exe and accurate and that my signate d to execute this report as require it other like empowered.	mptions cor ure shall har ed by Chap		Florida Statutes. I further certify that the information as if made under oath; that I am an officer or directors; and that my name appears in Block 10 or Block 11 if