

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47157

FILED
Apr 05, 2009
Secretary of State

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

Current Principal Place of Business:

15330 CEDARWOOD LANE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

15400 CEDARWOOD LANE
#104
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-2341046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KONTOS, MICHAEL
Address: 15470 CEDARWOOD LN #201
City-St-Zip: NAPLES, FL 34110

Title: BM () Delete
Name: CORBOY, NANCY
Address: 15350 CEDARWOOD LANE #102
City-St-Zip: NAPLES, FL 34110

Title: BMD () Delete
Name: WISE, SHIRLEY
Address: 15450 CEDARWOOD LN #102
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: SCHNUR, LARRY
Address: 15502 CEDARWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: PHILLIPS, MARGARET
Address: 15400 CEDARWOOD LANE #104
City-St-Zip: NAPLES, FL 34110

Title: BM () Delete
Name: WUBBE, MARY E
Address: 359 BAY FOREST DR.
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PHILLIPS, MARGARET R
Address: 15400 CEDARWOOD LANE #104
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET R PHILLIPS

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04/05/2009

Electronic Signature of Signing Officer or Director

Date