

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002754

FILED
Mar 30, 2007
Secretary of State

Entity Name: BAY HILL COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3290417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: WALSH, JIM
Address: 8846 GREAT COVE DR.
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: LARUFFA, VINCENT
Address: 8714 GREAT COVE DR.
City-St-Zip: ORLANDO, FL 32819

Title: SD (X) Delete
Name: SELLARI, LISA
Address: 8629 GREAT COVE DR
City-St-Zip: ORLANDO, FL 32819

Title: TD () Delete
Name: SPRINGALL, TOM
Address: 8648 GREAT COVE DR
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Delete
Name: DAMON, TOM
Address: 8828 GREAT COVE DR
City-St-Zip: ORLANDO, FL 32819

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: STD (X) Change () Addition
Name: SPRINGALL, TOM
Address: 8648 GREAT COVE DR
City-St-Zip: ORLANDO, FL 32819

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM WALSH

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date