2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N94000002754

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:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

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: JAMES W HART JR 04/24/2008
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 (X) Delete
Name: LARUFFA, VINCENT
Address: 8714 GREAT COVE DR.
City-St-Zip: ORLANDO, FL 32819

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: ADELHELM, SHARON
Address: 8623 GREAT COVE DR
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Change (X) Addition
Name: MITCHELL, MARY
Address: 8804 GREAT COVE DR
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Change (X) Addition
Name: QUBTY, JEANA
Address: 8725 GREAT COVE DR
City-St-Zip: ORLANDO, FL 32819

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: JIM WALSH PD 04/24/2008
Electronic Signature of Signing Officer or Director Date