FILE NOW: FILING FEE IS \$61.25

NONPROFIT ** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

N9400005191 (1) DOCUMENT #

THE BAY RIL	GE HOMEOWNERS	ASSOCIATION,	INC.
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Principal Plac	e of Business	***************************************	М	ailing Address					-{ I	<u> eniger die lögir blok CDL</u>		(() () () () ()		
1930 BRANT CLERMONT				1830 Brantley Cir Clermont Fl 34711										
									3. Date	ncorporated or Qualif 0/20/1994	ied	3a. Date 0	of Lasi /05/ *	
	Place of Business	-	2a	Mailing Address		*********		7-11	4. FEI N	umber	~~ -			Applied For
21			26							PPLIED FOR S	7-3	306 ३३	8	Not Applicable
Suite, Apt.	. #, etc.			Suite, Apt. #, etc.					5. Certifi	cate of Status Desired	4		8.7	5 Additional
City & Stat	to		27	City & State								LJ	Fee	Required
23			28	Oily & State						on Campaign Financir	ng			10 May Be
Zip		Country		Zip		Country	_		·	Fund Contribution				d to Fees
24	25	,	29	2.45	30	COLUMN 3	y		This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
	9. Name and	Address of Curre	ent Regis	tered Agent	1001					and Address of Ne				
						81	Γ	Name			· · · · · · · · · · · · · · · · · · ·	Olorod Mgo		171.00
CERILLI	I, C. CARL					82	┼-	Character Address /DO Do Maria		Ni Ni A				
1930 BF	rantley Cir					02	l	Street Address (P.O. Box Number is Not A		Number is not Acce	Acceptable)			
CLERM	ONT FL 34711					83	T							·····
						84	ļ	04.	· · · · · · · · · · · · · · · · · · ·					
						- 1	1	City				FI ⁸		p Code
11. Pursuant or register familiar w	to the provisions of red agent, or both ith, and accept the	of Sections 617.050 , in the State of Flo a obligations of, Se	02 and 61 rida. Such ction 617.	7.1508, Florida Statute change was authorize 0503, Florida Statutes	ed by the	above-i	nai	med corporat ation's board	tion submits of directors	this statement for the I hereby accept the	purpos appointr	e of changir ment as regi	ng its r sterec	egistered office agent. I am
SIGNATURE														
12.	Signature, typed or print	led name of registered age				*****	nt si	ignature required w				DATE		
TITLE	O O	OFFICERS AI	ND DIREC	TORS		13.			ADDIT	IONS/CHANGES TO	OFFICE	RS AND DIF	RECTO	DRS IN 12
NAME	CERILLI, C.	CARI		□nece ie	ľ	1 TITLE						<u> </u>	hange	Addition
STREET ADDRESS	1930 BRAN					2 NAME								
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NAME	CERILLI, AN	ITA S		Darrie		2 NAME						☐ Cr	nange	Addition
STREET ADDRESS	1930 BRANT					2 MANUE 3 STREET	٧D	nnpree !						
CITY-ST-ZIP	CLERMONT					4 CITY-5								
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NAME	PLUMMER, 1	Fred K			3.	2 NAME						L.) 5,	migo	F"' Vagious
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CITY - ST - ZIP	CLERMONT	FL 34711			3.	4. CITY-S	ST	ZIP						
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NAME					5:	2 NAME								
STREET ADDRESS					5.3	STREET	ADI	DRESS	6 (00001£ 05/22/960	135	553E	`	
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STREET ADDRESS					6.3	STREET.	ADI	DRESS						16.r
CITY+ST-ZIP					6.4	CITY-S1	T - Z	ne I						,

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed error an attachment with an address.

SIGNATURE:

12 may 96
Date Dayting Phone #

CR2E037 (12/95)