
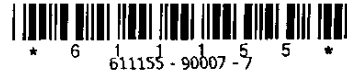


FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90006 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002854					
1. Corporation Name THE VILLAS AT BAY HILL HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 1350 ORLANDO FL 32801			Mailing Address 255 SOUTH ORANGE AVENUE SUITE 1350 ORLANDO FL 32801		



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2. Principal Place of Business 1416 CONCORD STREET EAST ORLANDO, FL 32803 USA				POST OFFICE BOX 531010 ORLANDO, FL 32853-1010 USA			
3. Date Incorporated or Qualified 06/12/1995				4. FEI Number 31-1421629			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent HANSON, JACK B 229 PASADENA PLACE STE 100 ORLANDO FL 32803				10. Name and Address of New Registered Agent 1416 CONCORD STREET EAST ORLANDO, FL 32803 USA			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0502, Florida Statutes.				SIGNATURE <i>[Signature]</i>			
12. OFFICERS AND DIRECTORS				13.			
TITLE D <input checked="" type="checkbox"/> DELETE NAME DALEY, RICHARD C STREET ADDRESS 250 EAST BROAD STREET CITY-ST-ZIP COLUMBUS OH 43215				1.1 TITLE CO 1.2 NAME CHARLES O'SULLIVAN 1.3 STREET ADDRESS 555 Winderley Place, St. 420 1.4 CITY-ST-ZIP Maitland FL 32751			
TITLE D <input checked="" type="checkbox"/> DELETE NAME EVANS, MARK STREET ADDRESS 255 SOUTH ORANGE AVENUE, SUITE 1350 CITY-ST-ZIP ORLANDO FL 32801				2.1 TITLE CO 2.2 NAME LENA K. CIGAINERO 2.3 STREET ADDRESS 555 Winderley Place, St. 420 2.4 CITY-ST-ZIP Maitland FL 32751			
TITLE D <input checked="" type="checkbox"/> DELETE NAME AIKEN, CLIFFORD D STREET ADDRESS 250 EAST BROAD STREET CITY-ST-ZIP COLUMBUS OH 43215				3.1 TITLE CO 3.2 NAME KIMBERLI ZANDERAS 3.3 STREET ADDRESS 555 Winderley Place, St. 420 3.4 CITY-ST-ZIP Maitland FL 32751			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.10.99

Date

Daytime Phone

CR2E037 (5/99)