2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N95000002854

1. Entity Name

THE VILLAS AT BAY HILL HOMEOWNERS' ASSOCIATION,

05-12-2000 90057 007 ****61.25
N95000002854

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1416 CONCORD ST E ORLANDO FL 32803	P.O. BOX 531010 ORLANDO FL 32853-1010

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1421629 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HANSON, JACK B~~ 1416 CONCORD ST E ORLANDO FL 32803	The Melrose Corporation Street Address (P.O. Box Number is Not Acceptable) 1416 Concord Street East Orlando FL 32803

8. 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 Jack B. Hanson 4/28/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALEY, RICHARD C 250 EAST BROAD STREET COLUMBUS OH 43215	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles O'Sullivan 555 Winderley Pl., St. 420 Maitland FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, MARK 255 SOUTH ORANGE AVENUE, SUITE 1350 ORLANDO FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lena Cigainero same as above	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AIKEN, CLIFFORD D 250 EAST BROAD STREET COLUMBUS OH 43215	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kimberli Zarderas same as above	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition SP

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clifford D. Aiken REQUIRED Zarderas Assist 4/28/00 407-226-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #