

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002854

1. Entity Name

THE VILLAS AT BAY HILL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1416 CONCORD ST E
ORLANDO FL 32803

Mailing Address

52 EAST SOUTH STREET
ORLANDO FL 32801

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

59-3445772

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

DON ASHER AND ASSOCIATES INC
52 EAST SOUTH STREET
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 D
NAME MORENO, ANTONIO
STREET ADDRESS 6007 BAY VALLEY COURT
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE SD
NAME MORENO, ANTONIO
STREET ADDRESS 6007 BAY VALLEY COURT
CITY-ST-ZIP ORLANDO, FL 32819 ☒ Change ☐ Addition

TITLE D
NAME BALLARD, JOHN
STREET ADDRESS 8526 BAY SPRINGS DRIVE
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE PD
NAME BROWN, RIKI
STREET ADDRESS 8532 BAY VALLEY COURT
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☒ Addition

TITLE D
NAME YOUNG, MICHAEL
STREET ADDRESS P.O. BOX 2112
CITY-ST-ZIP WINDEMERE FL 34786 ☒ Delete

TITLE VD
NAME MCAVOY, PAT
STREET ADDRESS 6014 BAY VALLEY COURT
CITY-ST-ZIP ORLANDO, FL 32819 ☐ 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

12. 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 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:

[Signature] REQUIRED

4-12-02

Date

Daytime Phone #

CR2E037 (9/01)