

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90356 038 ****61.25

DOCUMENT # N95000002854

1. Entity Name
**THE VILLAS AT BAY HILL HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1416 CONCORD ST E
ORLANDO, FL 32809**

Mailing Address
**52 EAST SOUTH STREET
ORLANDO, FL 32801**

24048413



2. Principal Place of Business
52 E. South Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004 Chg-NP CR2E037 (10/03)

City & State
Orlando, FL

City & State

4. FEI Number
59-3445772

Applied For
Not Applicable

Zip
32801

Country
USA

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE : PD ☐ Delete
NAME : CHERNEY, LUANNE
STREET ADDRESS : 8526 BAY SPRINGS DRIVE
CITY-ST-ZIP : ORLANDO, FL 32819

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

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Delete
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE : **Sec. Treasurer/D.** ☒ Change ☐ Addition
NAME : **Allen, C. A.**
STREET ADDRESS : **8519 Bay Springs Dr.**
CITY-ST-ZIP : **Orlando, FL 32819**

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

TITLE : ☐ Change ☐ Addition
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 13 - 2004 407-425-4561