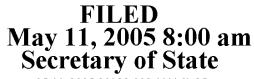
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002854





05-11-2005 90122 008 ****61.25

1. Entity Name THE VILL ASSOCIA	AS AT B	AY HILL HOMEOV IC.	/NERS'								
Principal Place of Business 52 E. SOUTH ST. ORLANDO, FL 32801			Mailing Address 52 EAST SOUTH STREET ORLANDO, FL 32801					IJ e ilii ae jii ae ji) ae li		05144	
2. Principal P	lace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01202005	Chg-NP	CR2E03	37 (10/03)		
City & State			City & State				4. FEI Number 59-34457	72		1——	plied For at Applicable
Zip	, ,, ,	Country	Zip	Cou	untry		5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		Name		7. Name and Ad	dress of New R	egistered /	Agent	 _
DON ASHER AND ASSOCIATES INC 52 EAST SOUTH STREET ORLANDO, FL 32801				Stre		dress (F	P.O. Box Number is	Not Acceptable	e)		
					City				FL	Zip Code	e
	named entit	y submits this statement for tered agent.	r the purpose of chan	ging its register	ed office or re	egistere	ed agent, or both, i	n the State of Fk		familiar with,	and accept
SIGNATURE .	Signature, typed	for printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature	røquired	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campa Trust Fund Con											
							\$5.00 May Be Added to Fees			k payable t	
10.	Due by N		Trust	Fund Contribut	tion.	A		Flor	ida Depai	TECTORS IN	tate
TITLE	STD	May 1, 2005 OFFICERS AND DI	Trust	Fund Contribut	tion.	J STD	Added to Fees	Flor GES TO OFFICE	ida Depai	tment of S	tate
	STD ALLEN, C	May 1, 2005 OFFICERS AND DI	Trust	Fund Contribut 11. e Titt NAM	E E	STD BREI	Added to Fees	Flor GES TO OFFICE	r ida Depa i RS AND DI	TECTORS IN	tate
TITLE NAME	STD ALLEN, C	May 1, 2005 OFFICERS AND DI	Trust	Fund Contribut 11. te Titt NAM STRE	E AE EET ADDRESS	STD BREE 8424	Added to Fees DDITIONS/CHANGE THOMAS	GES TO OFFICE F NGS DRIV	r ida Depa i RS AND DI	TECTORS IN	tate
TITLE NAME STREET ADDRESS	STD ALLEN, C 8519 BAY ORLAND PD CHERNE 8526 BAY	OFFICERS AND DIE CARA SPRINGS DR.	Trust	Fund Contribut 11. e TITL NAM STRE CITY e TITL NAM STRIT NAM STRIT	E AE EET ADDRESS ('-ST-ZIP (STD BREE 8424	Added to Fees DDITIONS/CHANGE THOMAS BAY SPRI	GES TO OFFICE F NGS DRIV	r ida Depa i RS AND DI	TECTORS IN	tate
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indicated on this report or suppliemental 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 profine like empowered.

SIGNATURE

FICER OR DIRECTOR