


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000002854</b> 1. Entity Name THE VILLAS AT BAY HILL HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1801 COOK AVE, ORLANDO, FL 32806	Mailing Address 1801 COOK AVE, ORLANDO, FL 32806
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**DO NOT WRITE IN THIS SPACE**



07102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3445772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DON ASHER AND ASSOCIATES INC  
 1801 COOK AVE  
 ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERNEY, LUANNE 8526 BAY SPRINGS DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADOMETTO, MEGAN 8525 BAY SPRINGS DR. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREEN, THOMAS F 8500 PADOVA CT. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 U7/30/08-80002-004 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Jean Chorney* PD 7/23/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #