


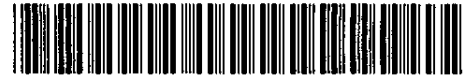
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90024 002 ****70.00

DOCUMENT # 729536					
1. Entity Name BAVARIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16105 N FLORIDA STE A LUTZ FL 33549 US		Mailing Address 16105 N FLORIDA STE A LUTZ FL 33549 US			
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 59-1574744	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIVEY, WILLIAM C. 16105 N FLORIDA STE A LUTZ FL 33549			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWITT, B. R		NAME	LYNN WERNER	
STREET ADDRESS	14454 REUTER STRASSE #711		STREET ADDRESS	404 GLEN RIDGE	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	TEMPLE TERRACE 33617	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, EDGAR		NAME	KIMBERLY HUM	
STREET ADDRESS	1315 N BEACH ST		STREET ADDRESS	14416 REUTER STRASSE #2	
CITY-ST-ZIP	ORMOND BEACH FL		CITY-ST-ZIP	TAMPA FL 33613	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDRINGTON, TOM		NAME		
STREET ADDRESS	14476 REUTER STRASSE CIR #2		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGGIO, FRANK		NAME	KERRY RUSHING	
STREET ADDRESS	14402 REUTER STRASSE #208		STREET ADDRESS	2417 PLEASANT HILL	
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, JAMES		NAME		
STREET ADDRESS	14404 REUTER STRASSE #222		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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MOORE CR2E037 (11/03)

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 or liquidator of the corporation or the receiver or trustee or liquidator of the trust or estate of the decedent or testator, 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 titles empowered.

SIGNATURE: *Kimberly K Hum* 3/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #