

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90065 036 ****70.00

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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

03032005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-1574744

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$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

STEVEN MEZER

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

220 S. FRANKLIN ST

City

TAMPA

FL

Zip Code

33602

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

STEVEN H. MEZER

3/16/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD ☐ Delete
NAME WERNER, LYNN
STREET ADDRESS 404 GLEN RIDGE
CITY-ST-ZIP TAMPA, FL 33617

TITLE STD ☐ Delete
NAME HUM, KIMBERLY
STREET ADDRESS 14416 REATER STRASSE #2
CITY-ST-ZIP TAMPA, FL 33613

TITLE VP ☐ Delete
NAME EDRINGTON, TOM
STREET ADDRESS 14476 REUTER STRASSE CIR #2
CITY-ST-ZIP TAMPA, FL 33613

TITLE D ☒ Delete
NAME CUSHING, KERRY
STREET ADDRESS 2417 PLEASANT HILL
CITY-ST-ZIP HOLIDAY, FL 34691

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 ☒ Change ☒ Addition
NAME
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ FL 33549

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ, FL 33549

TITLE TVD ☒ Change ☐ Addition
NAME
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ, FL 33549

TITLE D ☐ Change ☒ Addition
NAME DIANNIA FORTNER
STREET ADDRESS 16105 N. FLORIDA #A
CITY-ST-ZIP LUTZ FL 33549

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 #

**LYNN WERNER
PRES**

3-23-05