
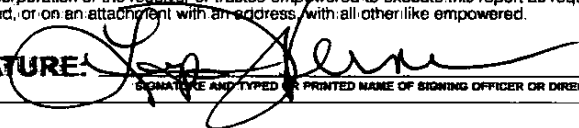


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90033 018 \*\*\*\*61.25

<b>DOCUMENT # 729536</b>				
1. Entity Name <b>BAVARIAN VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>				
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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
MEZIER, STEVEN 220 S FRANKLIN ST TAMPA, FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		10. <b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	ID	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, LYNN		NAME	
STREET ADDRESS	16105 N FLORIDA, # A		STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	
TITLE	ID	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKIN, NANCY		NAME	
STREET ADDRESS	16105 N FLORIDA A		STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDRINGTON, TOM		NAME	
STREET ADDRESS	16105 N FLORIDA, # A		STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTNER, DIANNIA		NAME	
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549		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	
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	
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: 		LYNN WERNER		812 968-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #
		3/8/07		