



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90197 028 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1574744	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 S FRANKLIN ST TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			1801 N. Highland Ave		
			City Tampa		FL
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 _____					
Filing Fee is \$81.25 Due by May 1, 2008		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 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	D	<input checked="" type="checkbox"/> Delete	TITLE	Thomas Ardeleg	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKIN, NANCY		NAME	16105 N. Fla Ave. Suite A	
STREET ADDRESS	16105 N FLORIDA A		STREET ADDRESS	Lutz, Fla 33549	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE	Marcel Tawcett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDRINGTON, TOM		NAME	16105 N. Fla Ave, Suite A	
STREET ADDRESS	16105 N FLORIDA, # A		STREET ADDRESS	Lutz, Fla 33549	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" 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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KIM D ALDRIDGE	
STREET ADDRESS			STREET ADDRESS	16105 N FLORIDA, #A	
CITY-ST-ZIP			CITY-ST-ZIP	LUTZ, FL 33549	
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: 			APR 27 2007		813 968 5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #