

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 APR 28 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04244

1. Corporation Name
Bayport West Homeowners Association, Inc.

Principal Place of Business
**410 Green Acres Properties, Inc.
4131 Gunn Hwy.
Tampa, Fl. 33624**

Mailing Address
**Bayport West Homeowners
Assoc., Inc.
P.O. Box 260914
Tampa, Fl. 33685-0914**

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State N/A		City & State N/A	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida July 18, 1984		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 59-2446384			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Don McCormick	7011 Silvermill Dr.	Tampa, Fl. 33635
V/D	Gerry Gould	7109 Silvermill Dr.	Tampa, Fl. 33635
S/D	Sheryl Trojello	7004 Drury St.	Tampa, Fl. 33635
T/D	Sandra Bielawski	7103 Silvermill Dr.	Tampa, Fl. 33635
D	Teresa Castelli	7047 Silvermill Dr.	Tampa, Fl. 33635

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BLP Management, Inc.
1707 Erna Drive
Tampa, Fl. 33603**

Name
C. Michael Conter, P.A.
Street Address (P.O. Box Number is Not Acceptable)
Paramount Triangle, Suite 216
Suite, Apt. #, Etc.
8902 N. Dale Mabry Hwy.
City
Tampa
State Zip Code
FL 33614

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

C. Michael Conter
REGISTERED AGENT MUST SIGN

Date **April 25, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Don McCormick, President/Director**
Don McCormick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 **813/855-2452**
Date Daytime Phone #

CR2E040 (12/95)