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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N04244 (2)
1. Corporation Name
BAYPORT WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: C/O 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

3. Date Incorporated or Qualified: 07/18/1984
4. FEI Number: 59-2446384
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: CONTER, C. MICHAEL P.A. PARAMOUNT TRIANGLE, SUITE 216 8902 N. DALE MABRY HWY. TAMPA FL 33614

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MCCORMICK, DON	1.2 NAME	SHERYL TROJELLO
STREET ADDRESS	7011 SILVERMILL DRIVE	1.3 STREET ADDRESS	7004 DRURY ST.
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP	TAMPA, FL. 33635
TITLE	VD	2.1 TITLE	VD
NAME	GOULD, GERRY	2.2 NAME	Joann Joganic
STREET ADDRESS	7109 SILVERMILL DRIVE	2.3 STREET ADDRESS	7127 Silvermill Dr.
CITY-ST-ZIP	TAMPA FL 33635	2.4 CITY-ST-ZIP	Tampa, Fl. 33635
TITLE	SD	3.1 TITLE	SD
NAME	TROJELLO, SHERYL	3.2 NAME	KARINA STASI
STREET ADDRESS	7004 DRURY ST.	3.3 STREET ADDRESS	6920 Silvermill Dr.
CITY-ST-ZIP	TAMPA FL 33635	3.4 CITY-ST-ZIP	TAMPA, FL. 33635
TITLE	TD	4.1 TITLE	
NAME	BIELAWSKI, SANDRA	4.2 NAME	
STREET ADDRESS	7103 SILVERMILL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33635	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	CASTELLI, TERESA	5.2 NAME	Daniel Matthews
STREET ADDRESS	7047 SILVERMILL DRIVE	5.3 STREET ADDRESS	6907 DRURY ST.
CITY-ST-ZIP	TAMPA FL 33635	5.4 CITY-ST-ZIP	TAMPA, FL. 33635
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sheryl Trojello* 2/10/98

CR2E037 (1097)