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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90041 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N04244 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	

93535 90041 43



2. Principal Place of Bus 21 VO VANGUARD GROUP	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/18/1984
Suite, Apt. #, etc. 22 8737 TEMPLE TERRACE HWY	Suite, Apt. #, etc. 27	4. FEI Number 59-2446384
City & State 23 TEMPLE TERRACE, FL	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33637	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME TROJELLO, SHERYL	1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7004 DRURY ST.	CITY-ST-ZIP TAMPA FL 33635	1.2 NAME RICHARD BORGSTROM	
		1.3 STREET ADDRESS 7051 SILVERMILL DRIVE	
		1.4 CITY-ST-ZIP TAMPA, FL 33635	
TITLE VD	NAME JOGANIC, JOANN	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7127 SILVERMILL DR	CITY-ST-ZIP TAMPA FL 33635	2.2 NAME (SAME)	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE SD	NAME STASI, KARINA	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6920 SILVERMILL DR	CITY-ST-ZIP TAMPA FL 33635	3.2 NAME PHYLLIS SWEENEY	
		3.3 STREET ADDRESS 10831 VENICE CIRCLE	
		3.4 CITY-ST-ZIP TAMPA, FL 33635	
TITLE TD	NAME BIELAWSKI, SANDRA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7103 SILVERMILL DRIVE	CITY-ST-ZIP TAMPA FL 33635	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D	NAME MATTHEWS, DANIEL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6907 DRURY ST.	CITY-ST-ZIP TAMPA FL 33635	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		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, with all other like empowered.

SIGNATURE: *[Signature]* **RECEIVED** 12 January 99 (813) 891-6439
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)