

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90141 038 \*\*\*\*61.25

DOCUMENT # N04244

1. Entity Name

BAYPORT WEST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O VANGUARD GROUP  
8737 TEMPLE TERRACE HWY  
TEMPLE TERRACE FL 33637  
US

BAYPORT WEST HOMEOWNERS ASSOC., INC.  
P.O. BOX 260914  
TAMPA FL 33685-0914

2. Principal Place of Business

c/o - the Trowbridge Co.

3. Mailing Address

P.O. Box 273708

Suite, Apt. #, etc.

P.O. Box 273708

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33688

Country

Zip

33688

Country

4. FEI Number

59-2446384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONTER, C. MICHAEL P.A.  
PARAMOUNT TRIANGLE, SUITE 216  
8902 N. DALE MABRY HWY.  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

the Trowbridge company, inc.

Street Address (P.O. Box Number is Not Acceptable)

3421 Valley Ranch Drive

City

Lutz

FL

Zip Code

33549

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.

SIGNATURE

*Ronald S. Trowbridge*

Ronald S. Trowbridge, Pres.

the Trowbridge company, inc.

1/11/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME VD  
BORGSTROM, RICHARD  
STREET ADDRESS 7051 SILVERMILL DR  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☒ Delete

NAME PD  
JOGANIC, JOANN  
STREET ADDRESS 7127 SILVERMILL DR  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☒ Delete

NAME SD  
SWEENEY, PHYLLIS  
STREET ADDRESS 10831 VENICE CIRCLE  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☒ Delete

NAME TD  
BIELAWSKI, SANDRA  
STREET ADDRESS 7103 SILVERMILL DRIVE  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☒ Delete

NAME D  
MATTHEWS, DANIEL  
STREET ADDRESS 6907 DRURY ST.  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐

NAME P/D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒

NAME VP/D  
Brown, Lawrence  
STREET ADDRESS 7055 Silvermill Drive  
CITY-ST-ZIP Tampa, FL 33635

TITLE ☐ Change ☒

NAME S/D  
Brown, Matthew  
STREET ADDRESS 10821 Venice Circle  
CITY-ST-ZIP Tampa, FL 33635

TITLE ☐ Change ☒

NAME T/D  
Vazquez, Evelyn  
STREET ADDRESS 7017 Westminster Street  
CITY-ST-ZIP Tampa, FL 33635

TITLE ☐ Change ☒

NAME D  
Pergola, Charles D.  
STREET ADDRESS 6905 Drury Street  
CITY-ST-ZIP Tampa, FL 33635

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Richard O. Borgstrom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Date

Daytime Phone #

1-28-00 813-891-1048