


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90024 032 ****61.25

DOCUMENT # N04244 1. Entity Name BAYPORT WEST HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O THE TROWBRIDGE CO PO BOX 273708 TAMPA FL 33688 US	Mailing Address PO BOX 273708 TAMPA FL 33688
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-2446384	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE TROWBRIDGE COMPANY, INC. 3421 VALLEY RANCH DR LUTZ FL 33549

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: BORGSTROM, RICHARD STREET ADDRESS: 7051 SILVERMILL DR CITY - ST - ZIP: TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE: PD NAME: BROWN, LAWRENCE STREET ADDRESS: 7055 SILVERMILL DR CITY - ST - ZIP: TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE: TD NAME: VAZQUEZ, EVELYN STREET ADDRESS: 7017 WESTMINSTER ST. CITY - ST - ZIP: TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE: VPD NAME: BARNES, ELAINE STREET ADDRESS: 2053 SILVERMILL DR CITY - ST - ZIP: TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE: SD NAME: CHUMNETI, AL STREET ADDRESS: 10840 VENICE CIRCLE CITY - ST - ZIP: TAMPA FL 33635	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SD
PAUK, H. BROOKS
10812 VENICE CIRCLE
TAMPA, FL 33635

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lawrence Brown*

21 Feb 07