

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-10-2004 90031 026 ****61.25

DOCUMENT # N077.12 1. Entity Name HOMEOWNERS OF BAY PALMS M.H.P., INC.																																																																																															
Principal Place of Business 25163 MARION AVENUE BOX 4 PUNTA GORDA FL 33950 US			Mailing Address 25163 MARION AVENUE BOX 4 PUNTA GORDA FL 33950 US																																																																																												
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																													
City & State		City & State																																																																																													
Zip	Country	Zip	Country	4. FEI Number 59-2498046 ☐ Applied For ☐ Not Applicable																																																																																											
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WOTITZKY, EDW. 223 TAYLOR ST PUNTA GORDA FL 33950																																																																																											
7. Name and Address of New Registered Agent Name Robert W. MERRITT Street Address (P.O. Box Number is Not Acceptable) 25163 Marion Ave #42 Bay Palms M.H.P. City Punta Gorda FL Zip Code 33950				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 <i>[Signature]</i> 2-20-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																											
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State																																																																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">SD MORRIS, JIM</td> <td style="width: 20%;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">25163 MARION AVE, LOT 22</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PUNTA GORDA FL 33950</td> </tr> <tr> <td>TITLE</td> <td>PD GRICE, EARL</td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">25163 MARION AVE, LOT 5</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PUNTA GORDA FL</td> </tr> <tr> <td>TITLE</td> <td>TD MERRITT, ROBERT W</td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">25163 MARION AVE LOT #42</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PUNTA GORDA FL 33950</td> </tr> <tr> <td>TITLE</td> <td>VPD CONNOLLY, RAY</td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">25163 MARION AV LOT 23</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">PUNTA GORDA FL 33950</td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D Mcmaster, sandy</td> <td style="width: 20%;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">25163 Marion Ave, Lot 33</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Punta Gorda, FL 33950</td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>						TITLE	SD MORRIS, JIM	☐ Delete	STREET ADDRESS	25163 MARION AVE, LOT 22		CITY-ST-ZIP	PUNTA GORDA FL 33950		TITLE	PD GRICE, EARL	☐ Delete	STREET ADDRESS	25163 MARION AVE, LOT 5		CITY-ST-ZIP	PUNTA GORDA FL		TITLE	TD MERRITT, ROBERT W	☐ Delete	STREET ADDRESS	25163 MARION AVE LOT #42		CITY-ST-ZIP	PUNTA GORDA FL 33950		TITLE	VPD CONNOLLY, RAY	☐ Delete	STREET ADDRESS	25163 MARION AV LOT 23		CITY-ST-ZIP	PUNTA GORDA FL 33950		TITLE		☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	D Mcmaster, sandy	☐ Change ☒ Addition	STREET ADDRESS	25163 Marion Ave, Lot 33		CITY-ST-ZIP	Punta Gorda, FL 33950		TITLE		☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: <i>[Signature]</i> 2-20-04 941-637-4093 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																															